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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BETH ISRAEL DEACONESS MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address)

330 BROOKLINE AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02215

F Name and address of principal officer

PETER HEALY

330 BROOKLINE AVENUE

BOSTON, MA 02215

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

04-2103881

E Telephone number

(617) 667-8000

G Gross receipts \$ 2,294,610,039

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BIDMC HARVARD EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1915

M State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TERTIARY CARE ACADEMIC MEDICAL CENTER

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

24

4 Number of independent voting members of the governing body (Part VI, line 1b)

19

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

12,547

6 Total number of volunteers (estimate if necessary)

492

7a Total unrelated business revenue from Part VIII, column (C), line 12

19,361,608

7b Net unrelated business taxable income from Form 990-T, line 34

1,501,555

Revenue

8 Contributions and grants (Part VIII, line 1h)

49,661,227

9 Program service revenue (Part VIII, line 2g)

1,573,670,302

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

16,540,686

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

85,530,605

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,725,402,820

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

75,014,484

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

746,314,230

16a Professional fundraising fees (Part IX, column (A), line 11e)

139,663

b Total fundraising expenses (Part IX, column (D), line 25) ▶10,910,175

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

842,181,789

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,663,650,166

19 Revenue less expenses Subtract line 18 from line 12

61,752,654

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

1,657,670,213

21 Total liabilities (Part X, line 26)

698,135,747

22 Net assets or fund balances Subtract line 21 from line 20

959,534,466

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-08-15

Date

MICHAEL CULLEN CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CHRISTINE KAWECKI

Preparer's signature

CHRISTINE KAWECKI

Date

Check ☐ if self-employed

PTIN P00743140

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ TWO JERICHO PLAZA

Phone no (516) 918-7000

JERICHO, NY 11753

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,207,472,551 including grants of \$ 11,483,153) (Revenue \$ 1,404,424,752)
See Additional Data

























4b (Code) (Expenses \$ 266,033,007 including grants of \$ 67,035,258) (Revenue \$ 238,438,371)
See Additional Data

4c (Code) (Expenses \$ 103,653,288 including grants of \$) (Revenue \$ 27,660,130)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,577,158,846

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	510
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12,547
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AK, CO, DC, FL, IL, KY, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, OH, OK, OR, SC, TN, UT, WA, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶STEPHEN DEVEAU 330 BROOKLINE AVENUE BOSTON, MA 02215 (617) 667-1414

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,745

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
HARVARD MEDICAL FACULTY PHYSICIANS AT BI 375 LONGWOOD AVENUE BOSTON, MA 02215	PHYSICIAN SERVICES	148,301,521
BOND BROTHERS 145 SPRING STREET EVERETT, MA 02049	MANAGEMENT SERVICES	13,908,407
SKANSKA USA BUILDING INC 101 SEAPORT BOULEVARD BOSTON, MA 02210	CONSTRUCTION SERVICES	9,934,090
MASCO SERVICES 375 LONGWOOD AVENUE BOSTON, MA 02215	PARKING SERVICES	8,133,885
SODEXO PO BOX 905374 CHARLOTTE, NC 28204	FOOD SERVICE	8,105,794

Form 990 (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	51,562			
	d Related organizations	1d				
	e Government grants (contributions)	1e	15,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	81,663,808			
	g Noncash contributions included in lines 1a-1f \$		2,341,435			
	h Total. Add lines 1a-1f		81,730,370			
Program Service Revenue		Business Code				
	2a MEDICARE/ MEDICAID REV	900099	693,086,841	693,086,841		
	b NET PATIENT SERVICE RE	541700	671,290,915	671,290,915		
	c NIH FUNDED RESEARCH	541700	180,297,736	180,297,736		
	d SPONSORED RESEARCH	541700	58,140,635	56,635,939	1,504,696	
	e GRADUATE MED EDUCATION	611710	27,660,130	27,660,130		
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,630,476,257			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,555,179		-74,477	9,629,656
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		331,844			331,844
	6a Gross rents	(i) Real (ii) Personal				
		554,714				
	b Less rental expenses	109,207				
	c Rental income or (loss)	445,507				
	d Net rental income or (loss)		445,507		22,888	422,619
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		433,575,387				
	b Less cost or other basis and sales expenses	384,079,471				
	c Gain or (loss)	49,495,916				
	d Net gain or (loss)		49,495,916	32,513,361	794,601	16,187,954
	8a Gross income from fundraising events (not including \$ 51,562 of contributions reported on line 1c) See Part IV, line 18	a	114,240			
	b Less direct expenses	b	170,344			
	c Net income or (loss) from fundraising events		-56,104			-56,104
	9a Gross income from gaming activities See Part IV, line 19	a	25,925			
	b Less direct expenses	b	18,218			
	c Net income or (loss) from gaming activities		7,707			7,707
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a CONTRACT PHARMACY	446110	85,544,638			85,544,638	
b PARKING REVENUE	812930	12,064,073		25,140	12,038,933	
c CAFETERIA INCOME	722514	10,517,893			10,517,893	
d All other revenue		30,119,519	9,038,331	17,088,760	3,992,428	
e Total. Add lines 11a-11d		138,246,123				
12 Total revenue. See Instructions		1,910,232,799	1,670,523,253	19,361,608	138,617,568	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	73,831,002	73,831,002		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	4,687,409	4,687,409		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	9,721,503	2,118,519	7,602,984	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	764,750	382,375	382,375	
7 Other salaries and wages.	635,551,283	569,593,007	59,664,352	6,293,924
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	36,142,344	32,005,594	3,784,639	352,111
9 Other employee benefits.	46,287,866	40,989,887	4,847,026	450,953
10 Payroll taxes.	52,199,557	46,224,943	5,466,068	508,546
11 Fees for services (non-employees).				
a Management.	3,193,373		3,193,373	
b Legal.	5,874,945		5,874,945	
c Accounting.	3,384,590		3,384,590	
d Lobbying.	328,666		328,666	
e Professional fundraising services. See Part IV, line 17.	148,495			148,495
f Investment management fees.	5,574,912		5,574,912	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	190,383,414	182,927,801	6,974,258	481,355
12 Advertising and promotion.	2,316,671	2,135,737	165,947	14,987
13 Office expenses.	308,772,079	284,656,796	22,117,809	1,997,474
14 Information technology.	11,726,383	10,810,546	839,978	75,859
15 Royalties.				
16 Occupancy.	84,827,673	77,184,311	7,581,605	61,757
17 Travel.	651,746	600,844	46,686	4,216
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	673,478	620,879	48,242	4,357
20 Interest.	4,612,963	4,612,963		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	85,449,967	66,529,835	18,781,400	138,732
23 Insurance.	10,964,304	10,107,985	785,390	70,929
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH	92,910,093	92,910,093		
b CONTRACTED SERVICES	30,242,437	29,299,102	903,173	40,162
c UNCOMPENSATED CARE	20,547,991	20,547,991		
d BILLING SERVICES	9,077,289		9,077,289	
e All other expenses	26,158,340	24,381,227	1,510,795	266,318
25 Total functional expenses. Add lines 1 through 24e.	1,757,005,523	1,577,158,846	168,936,502	10,910,175
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		539,161,025	2	981,814,087	
	3	Pledges and grants receivable, net		61,802,080	3	102,893,852	
	4	Accounts receivable, net		173,453,168	4	199,237,099	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		16,473,833	8	19,369,337	
	9	Prepaid expenses and deferred charges		16,500,795	9	18,894,689	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,503,003,051			
	b	Less: accumulated depreciation	10b	1,952,303,665	539,403,316	10c	550,699,386
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		223,910,079	12	235,698,266	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		86,965,917	15	92,881,145	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,657,670,213	16	2,201,487,861		
Liabilities	17	Accounts payable and accrued expenses		200,438,809	17	218,966,349	
	18	Grants payable			18		
	19	Deferred revenue		55,096,678	19	53,791,354	
	20	Tax-exempt bond liabilities		277,363,323	20	674,652,635	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		165,236,937	25	148,373,572	
	26	Total liabilities. Add lines 17 through 25		698,135,747	26	1,095,783,910	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		697,429,941	27	787,822,534	
	28	Temporarily restricted net assets		193,526,629	28	247,299,325	
	29	Permanently restricted net assets		68,577,896	29	70,582,092	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		959,534,466	33	1,105,703,951	
	34	Total liabilities and net assets/fund balances		1,657,670,213	34	2,201,487,861	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,910,232,799
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,757,005,523
3	Revenue less expenses Subtract line 2 from line 1	3	153,227,276
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	959,534,466
5	Net unrealized gains (losses) on investments	5	3,471,437
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,529,228
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,105,703,951

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 04-2103881
Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O- PATIENT CARE

Form 990, Part III, Line 4b:

SEE SCHEDULE O- RESEARCH

Form 990, Part III, Line 4c:

SEE SCHEDULE O - TEACHING

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHAIKOF MD PHD ELLIOT L DIRECTOR (EX-OFF) & SURG CHIEF	30 00 35 00	X						530,893	530,893	119,926
ZEIDEL MD MARK L DIRECTOR (EX-OFF) & MED CHIEF	30 00 35 00	X						392,009	392,009	72,380
ANDERSON CAROL F DIRECTOR, CHAIR	10 00 0 00	X		X				0	0	0
BAZZINOTTI MS LYLE LAWRENCE DIR, EX-OFF, CHAIR, BIDP BOARD	1 00 10 00	X						0	0	0
BRADY MICHAEL J DIR, EX-OFF, CHAIR, BIDM BOARD	1 00 10 00	X						0	0	0
CHENG JILL DIRECTOR	1 00 0 00	X						0	0	0
CRONIN MICHAEL DIRECTOR	1 00 0 00	X						0	0	0
CUTLER JOEL DIRECTOR	1 00 0 00	X						0	0	0
DESIMONE THOMAS DIR (EX-OFF), TTEE ADV CHAIR	5 00 0 00	X						0	0	0
FULP CAROL DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HINKLEY CLARK DIR, EX-OFF, CHAIR, BIDP BOARD	1 00 10 00	X						0	0	0
JICK DANIEL J DIRECTOR	2 00 0 00	X						0	0	0
JOHNSTON WILLIAM DIRECTOR & TREASURER	2 00 0 00	X		X				0	0	0
KIMBALL MD MPH ALEXA B DIR (EX-OFF), PRES & CEO, HMF	1 00 64 00	X		X				0	882,658	79,251
LADD EDWARD DIRECTOR & VICE CHAIR	5 00 0 00	X		X				0	0	0
LAMERE DAVID DIRECTOR	1 00 0 00	X						0	0	0
LEPOFSKY ROBERT J DIRECTOR & SECRETARY	2 00 0 00	X		X				0	0	0
LI MD FACP CHIANG J DIRECTOR, GI RESEARCHER	1 00 14 00	X						0	56,000	0
MANDELL MD JAMES DIRECTOR	1 00 0 00	X						0	0	0
MCKENNA MARGARET DIRECTOR & VICE CHAIR	5 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REHNERT GEOFF DIRECTOR	1 00 0 00	X						0	0	0
ROTTENBERG ALAN DIRECTOR	1 00 0 00	X						0	0	0
SILVER JENNIFER DIRECTOR	1 00 0 00	X						0	0	0
TABB MD KEVIN DIR (EX-OFF), CHIEF EXEC OFF	60 00 5 00	X		X				1,594,288	0	204,209
VANOURNY STEPHEN E DIR, EX-OFF, CHAIR, BIDN BOARD	1 00 5 00	X						0	0	0
CULLEN MICHAEL R CFO	60 00 0 00			X				326,067	0	25,633
FISCHER STEVEN ASSISTANT TREASURER	60 00 5 00			X				720,675	0	75,965
HEALY PETER PRESIDENT	59 00 1 00			X				687,608	0	95,491
MAURER RN MSN MARSHA CNO & SVP, PATIENT CARE SVCS	60 00 0 00			X				599,218	0	101,638
WEISS MD MBA MSC ANTHONY P CHIEF MEDICAL OFFICER	60 00 0 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARMSTRONG WALTER SVP - CAPITAL FACILITIES & ENG	60 00 0 00				X			405,603	0	47,415
BIEBER JUDI CHIEF HUMAN RESOURCES OFFICER	60 00 0 00				X			439,197	0	84,729
HALAMKA MD JOHN BID SYSTEM CIO	60 00 0 00				X			474,804	0	95,228
LEWIS MD STANLEY M SVP, CHIEF SYS DEV & STRAT OFF	55 00 5 00				X			723,552	0	79,816
SAFFITZ MD PHD JEFFREY E CHF PATH, INT CHF ACADEMIC OFF	30 00 35 00				X			327,802	327,802	53,804
SHEEHAN RN MSN JAYNE SVP, SYS INTEG, CARE COORD	60 00 0 00				X			422,142	0	83,170
SKURA SAMUEL SVP, AMBULATORY & CLIN SVCS	60 00 0 00				X			426,147	0	43,627
SUKHATME MD SCD VIKAS P CHIEF ACADEMIC OFFICER	60 00 0 00				X			468,675	0	52,903
TANDON MANU SVP, CIO	60 00 0 00				X			418,107	0	80,036
GEBHARDT MD MARK C CHIEF OF ORTHOPAEDIC SURGERY	30 00 35 00					X		421,578	421,578	88,152

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRUSKAL MD PHD JONATHAN B CHIEF OF RADIOLOGY	30 00 35 00					X		377,772	377,772	66,602
RICCIOTTI MD HOPE A CHIEF, OB/GYN	30 00 35 00					X		330,453	330,453	86,978
STEVENSON MD PHD MARY ANN CHIEF OF RADIATION ONCOLOGY	30 00 35 00					X		369,746	369,746	76,474
TALMOR MD MPH DANIEL CHIEF OF ANESTHESIA	30 00 35 00					X		377,150	377,150	85,720
FORMELLA RN MSN NANCY FORMER COO	0 00 0 00						X	718,737	0	46,013

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number

04-2103881

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 04-2103881
Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER	Employer identification number 04-2103881
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ No
- b** If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		328,666
j	Total. Add lines 1c through 1i			328,666
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	THE MEDICAL CENTER ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER AFFILIATED NETWORK ENTITIES. ADDITIONALLY, THE MEDICAL CENTER PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS OF WHICH A PORTION MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS. LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS \$328,666 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227030759									
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>								
Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER				Employer identification number 04-2103881									
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.													
		(a) Donor advised funds		(b) Funds and other accounts									
1		Total number at end of year											
2		Aggregate value of contributions to (during year)											
3		Aggregate value of grants from (during year)											
4		Aggregate value at end of year											
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.													
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>													
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register													
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►													
4 Number of states where property subject to conservation easement is located ►													
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►													
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$													
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements													
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.													
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items													
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>(ii) Assets included in Form 990, Part X ► \$</div></div>													
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items <div><div>a Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>b Assets included in Form 990, Part X ► \$</div></div>													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat No 52283D		Schedule D (Form 990) 2017											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	2,097,292
1e	2,097,292
1f	0

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	262,104,525	237,508,948	224,151,643	203,420,022	192,587,429
b Contributions	68,417,018	29,262,761	29,798,856	23,515,697	10,827,102
c Net investment earnings, gains, and losses	6,088,857	16,022,089	7,575,210	10,565,055	12,156,351
d Grants or scholarships					
e Other expenditures for facilities and programs	18,728,983	20,689,273	24,016,761	13,349,131	12,150,860
f Administrative expenses					
g End of year balance	317,881,417	262,104,525	237,508,948	224,151,643	203,420,022

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

30 000 %

b

Permanent endowment

70 000 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,282,879		24,282,879
b Buildings		343,956,907	251,594,929	92,361,978
c Leasehold improvements		660,346,324	465,978,706	194,367,618
d Equipment		1,474,416,941	1,234,730,030	239,686,911
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				550,699,386

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) OTHER INVESTMENTS THROUGH CIP	235,698,266	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	235,698,266	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS MANAGED FOR OTHERS	2,200,962
FUNDS MANAGED BY OTHERS	4,456,930
MEDICAL MALPRACTICE RESERVE	807,000
POST RETIREMENT	73,185,353
CLINICAL TRIALS	22,206,895
POST RETIREMENT MEDICAL BENEFITS	45,516,432
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	148,373,572

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,913,815,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	8,864,848
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,075,951,945
e	Add lines 2a through 2d	2e	1,084,816,793
3	Subtract line 2e from line 1	3	1,828,998,207
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,324,558
b	Other (Describe in Part XIII)	4b	74,910,034
c	Add lines 4a and 4b	4c	81,234,592
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,910,232,799

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,795,835,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,044,404,389
e	Add lines 2a through 2d	2e	1,044,404,389
3	Subtract line 2e from line 1	3	1,751,430,611
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,574,912
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	5,574,912
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,757,005,523

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2103881
Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	CUSTODIAN ARRANGEMENTS THE MEDICAL CENTER IS AN AFFILIATE OF BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM (BID-NEEDHAM) AND BETH ISRAEL DEACONESS HOSPITAL MILTON (BID-MILTON) WHICH ARE BOTH COMMUNITY HOSPITALS EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED DURING THE FISCAL YEAR COVERED BY THIS FILING, AS PART OF THE RELATIONSHIP BETWEEN THE ENTITIES, THE MEDICAL CENTER'S DEVELOPMENT STAFF PROVIDED OPERATIONAL SUPPORT RELATED TO SOLICITING AND PROCESSING CONTRIBUTIONS FOR BID-NEEDHAM AND PROCESSED CONTRIBUTIONS FOR BID-MILTON UPON RECEIPT, THE CONTRIBUTIONS WERE DEPOSITED INTO A MEDICAL CENTER ACCOUNT AT THE END OF EACH MONTH, THE TOTAL OF THE DEPOSITS WERE TRANSFERRED FROM THE MEDICAL CENTER TO EITHER BID-NEEDHAM OR BID-MILTON

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>BETH ISRAEL DEACONESS MEDICAL CENTER ENDOWMENT FUND THE MEDICAL CENTER'S ENDOWMENT FUNDS A</p> <p>RE INTENDED TO ENSURE THAT THE MEDICAL CENTER ACCOMPLISHES ITS CHARITABLE MISSIONS OF PROVIDING EXCELLENT CLINICAL CARE, ENGAGING IN CUTTING EDGE RESEARCH AND EDUCATING THE HEALTH CARE PRACTITIONERS OF TOMORROW THE SPECIFIC USES OF THE ENDOWMENT VARY DEPENDING ON THE NATURE OF RESTRICTIONS, IF ANY, IMPOSED BY DONORS UNDER THE MEDICAL CENTER'S CURRENT LONG-TERM INVESTMENT SPENDING POLICY, WHICH IS WITHIN THE GUIDELINES SPECIFIED UNDER MASSACHUSETTS STATE LAW, 5-6% OF THE AVERAGE OF THE FAIR VALUE OF QUALIFYING LONG-TERM INVESTMENTS APPLIED TO A THREE-YEAR MOVING AVERAGE WITH A ONE-YEAR LAG IS APPROPRIATED AS STATED BY THE DONOR DURING FY 2018, \$3,419,400 WAS APPROPRIATED OF WHICH \$336,242 WAS RELATED SPECIFICALLY TO FREE CARE AND IS INCLUDED IN THIS FORM 990 SCHEDULE H IN ESTABLISHING THESE POLICIES, THE MEDICAL CENTER CONSIDERED THE EXPECTED RETURN ON ITS ENDOWMENT AND ITS PROGRAMMING NEEDS ACCORDINGLY, THE MEDICAL CENTER EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO MAINTAIN ITS PURCHASING POWER AND TO PROVIDE A PREDICTABLE AND STABLE SOURCE OF REVENUE FOR THE ANNUAL OPERATING BUDGET ADDITIONAL REAL GROWTH WILL BE PROVIDED THROUGH NEW GIFTS OR EXCESS INVESTMENT RETURN</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE MEDICAL CENTER, MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM (BIDN), BETH ISRAEL DEACONESS HOSPITAL MILTON (BIDM), BETH ISRAEL DEACONESS HOSPITAL -- PLYMOUTH (BIDP), JORDAN HEALTH SYSTEMS, INC AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) HAVE ALL BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE MEDICAL CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE MEDICAL CENTER DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2018 OR 2017 ON DECEMBER 22, 2017, THE PRESIDENT OF THE UNITED STATES SIGNED INTO LAW H R 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACTS THE NEW LAW (PUBLIC LAW NO 115-97) INCLUDES SUBSTANTIAL CHANGES TO THE TAXATION OF INDIVIDUALS, BUSINESSES, MULTINATIONAL ENTERPRISES AND OTHERS IN ADDITION TO THE MANY GENERALLY APPLICABLE PROVISIONS, THE LAW CONTAINS SEVERAL SPECIFIC PROVISIONS THAT RESULT IN CHANGES TO THE TAX TREATMENT OF TAX-EXEMPT ORGANIZATIONS AND THEIR DONORS THE MEDICAL CENTER HAS REVIEWED ITS PROVISIONS AND THE POTENTIAL IMPACT OF THE LAW AND CONCLUDED THAT THE ENACTMENT OF H R 1 WILL NOT HAVE A MATERIAL EFFECT ON THE OPERATIONS OF THE ORGANIZATION</p>

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION 17,785,884 CONSOLIDATED AFFILIATES REVENUE NET OF ELIMINATIONS 1,058,166,061

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDS MANAGED FOR OTHERS 1,032,199 RENT -109,207 TEMPORARY AND PERMANENTLY RESTRICTED CO NTRIBUTIONS 68,417,018 TEMPORARY RESTRICTED REALIZED GAINS 5,758,586 GAMING EXPENSES -18 ,218 FUNDRAISING EXPENSES -170,344

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATES EXPENSE NET OF ELIMINATION 1,028,613,989 PHARMACY 15,492,631 REN T 109,207 GAMING EXPENSES 18,218 FUNDRAISING EXPENSES 170,344

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

04-2103881

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			112,003,433
b Total from continuation sheets to Part I					1,237,262
c Totals (add lines 3a and 3b)	0	23			113,240,695

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3	Enter total number of other organizations or entities	19
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Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☒ Yes ☐ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	GRANT MONITORING AS NOTED IN BOTH SCHEDULES H, HOSPITALS AND SCHEDULE I, GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS IN THE UNITED STATES, AS PART OF THE MEDICAL CENTER'S COMMITMENT TO THE COMMUNITIES IT SERVES, THE MEDICAL CENTER PARTNERS WITH COMMUNITY LEADERS AND COMMUNITY-BASED ORGANIZATIONS WHO SERVE AS LINKS TO THE COMMUNITY AND TEACHERS OF HOW THE MEDICAL CENTER CAN BETTER SERVE THESE POPULATIONS. IN ADDITION, THE MEDICAL CENTER COLLABORATES WITH A WIDE VARIETY OF ORGANIZATIONS BOTH WITHIN AND OUTSIDE OF THE UNITED STATES BECAUSE HEALTHCARE SERVICES BY THEMSELVES ARE NOT ADEQUATE TO MAXIMIZE IMPROVEMENT OF HEALTH STATUS. AS SUCH, THE MEDICAL CENTER'S INVOLVEMENT WITH ITS COMMUNITY IS ON-GOING AND PART OF THAT ON-GOING RELATIONSHIP INCLUDES REPORTING ON HOW GRANT FUNDS ARE EXPENDED. AS A RECIPIENT OF FEDERAL SPONSORED AWARDS, THE MEDICAL CENTER MUST COMPLY WITH THE GUIDELINES SPECIFIC TO THE FEDERAL AWARDING AGENCY FOR THE PARTICULAR PROGRAM. THE MEDICAL CENTER'S ADHERENCE TO THESE PROGRAMS' REQUIREMENTS IS AUDITED ANNUALLY AS REQUIRED BY 2 CFR PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS. THE MEDICAL CENTER IS REQUIRED BY FEDERAL REGULATION TO MONITOR EXPENSES OF FEDERAL FUNDS AWARDED TO THE MEDICAL CENTER THAT ARE SUB-CONTRACTED TO ANOTHER INSTITUTION, ORGANIZATION, OR INDIVIDUAL. FEDERAL SUBCONTRACTED RESEARCH GRANTS AS WELL AS OTHER SUBCONTRACTED RESEARCH GRANTS ARE MONITORED BY THE CLINICAL DEPARTMENT SPONSORING THE ACTIVITY. SIMILAR MONITORING PROGRAMS ARE IN PLACE THAT ASSURE ADHERENCE TO ALL NON-FEDERAL SPONSORS' GRANT REQUIREMENTS AS WELL THROUGH A GROUP OF DEDICATED RESEARCH ADMINISTRATIVE PROFESSIONALS THAT REPORT UP THROUGH THE OFFICE OF ACADEMIC AFFAIRS. THIS REPORTING STRUCTURE FURTHER ENHANCES INTERNAL CONTROLS.

Return Reference	Explanation
SCHEDULE F, PART IV, QUESTION 3 - FOREIGN FORMS	ALTHOUGH BIDMC HAD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN CORPORATION DURING THE TAX YEAR, IT DID NOT MEET ANY OF THE FIVE CATEGORIES OF REQUIRED FILER AND AS SUCH WAS NOT REQUIRED TO FILE FORM 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS

Return Reference	Explanation
SCHEDULE F, PART IV, QUESTION 4 - FOREIGN FORMS	ALTHOUGH BIDMC WAS AN INDIRECT SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND DURING THE PERIOD COVERED BY THIS FILING, BIDMC WAS NOT REQUIRED TO FILE FORM 8621, INFORMATION RETURNS BY A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

Return Reference	Explanation
SCHEDULE F, PART IV, QUESTION 5 - FOREIGN FORMS	ALTHOUGH BIDMC HELD AN INDIRECT OWNERSHIP INTEREST IN A FOREIGN PARTNERSHIP DURING THE TAX YEAR, THE INTEREST DID NOT RESULT IN AN OBLIGATION TO FILE FORM 8865, RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS

Return Reference	Explanation
SCHEDULE F, PART V - SUPPLEMENTAL INFORMATION	GRANTS TO ENTITIES OUTSIDE THE UNITED STATES ARE RELATED TO AND FURTHER THE MEDICAL CENTER'S MISSION TO IMPROVE THE HEALTH OF ALL PATIENTS AND TO ENGAGE IN CUTTING EDGE RESEARCH FUND RECIPIENTS PROVIDE THE MEDICAL CENTER WITH REPORTS DOCUMENTING THE USE OF SUCH FUNDS

Additional Data

Software ID:

Software Version:

EIN: 04-2103881

Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS		90,586,860
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		13,895,196

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	INVESTMENTS		3,021,945
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TEACHING/ RESEARCH/PATIENT CARE	159,041

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	TEACHING/ RESEARCH/PATIENT CARE	166,377
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TEACHING/ RESEARCH/PATIENT CARE	140,300

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TEACHING/ RESEARCH/PATIENT CARE	4,013,758
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TEACHING/ RESEARCH/PATIENT CARE	19,956

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	TEACHING/ RESEARCH/PATIENT CARE	292,222
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/ PRESENTATIONS	3,944

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	23	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	323,544
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	352,229

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	13,640
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	19,747

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	15,497
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	23,511

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR EDUCATIONAL SEMINARS/PRESENTATIONS	21,420
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HUMANITARIAN MISSIONS	15,661

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HUMANITARIAN MISSIONS	11,625
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	HUMANITARIAN MISSIONS	8,678

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	69,763
NORTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	7,198

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	27,290
SOUTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	14,118

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	GLOBAL HEALTH PROGRAM	17,175

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH SUB-AWARD	37,403	ELECTRONIC FUND/WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	RESEARCH SUB-AWARD	19,831	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH SUB-AWARD	32,690	ELECTRONIC FUND/WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	RESEARCH SUB-AWARD	36,923	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	744,613	ELECTRONIC FUND/WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	15,117	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	24,534	ELECTRONIC FUND/WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	1,579,476	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	1,480,221	ELECTRONIC FUND/WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	73,310	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUB-AWARD	96,487	ELECTRONIC FUND/WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUB-AWARD	19,956	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH SUB-AWARD	6,950	ELECTRONIC FUND/WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUB-AWARD	125,067	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH SUB-AWARD	27,162	ELECTRONIC FUND/WIRE TRANSFER			
		SOUTH AMERICA	RESEARCH SUB-AWARD	292,222	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESEARCH SUB-AWARD	17,980	ELECTRONIC FUND/WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RESEARCH SUB-AWARD	13,599	ELECTRONIC FUND/WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESEARCH SUB-AWARD	38,958	ELECTRONIC FUND/WIRE TRANSFER			

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number

04-2103881

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations
- b** ☒ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☒ In-person solicitations
- e** ☒ Solicitation of non-government grants
- f** ☒ Solicitation of government grants
- g** ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ZURI GROUP 328 NW BOND ST BEND, OR 97701	FUNDRAISING COUNSEL		No	0	148,495	148,495
Total					148,495	148,495

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AK, CO, FL, IL, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NC, ND, NY, OH, OK, OR, SC, TN, UT, WA, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>WOMEN'S HEALTH</u> (event type)	(b) Event #2 <u>REASON TO RIDE</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	84,650	68,702	12,450	165,802
	2 Less Contributions	33,775	13,337	4,450	51,562
	3 Gross income (line 1 minus line 2)	50,875	55,365	8,000	114,240
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			33,486	33,486
	7 Food and beverages			12,244	12,244
	8 Entertainment			5,000	5,000
	9 Other direct expenses		20,788	98,826	119,614
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				170,344
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-56,104

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			25,925	25,925
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			16,922	16,922
	4 Rent/facility costs				
	5 Other direct expenses			1,296	1,296
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				18,218
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				7,707

9 Enter the state(s) in which the organization conducts gaming activities MA

a Is the organization licensed to conduct gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	13a 50 000 %
b	An outside facility	13b 50 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► BETH ISRAEL DEACONESS LEGAL DEPARTMENT

Address ► 330 BROOKLINE AVE
BOSTON, MA 02215

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► MICHAEL CULLEN

Gaming manager compensation ► \$ _____ 0

Description of services provided ► SEE SCHEDULE J

☒ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☒ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 7,707

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493227030759

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number

04-2103881

Part IFinancial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,420,672	1,246,603	16,174,069	0 920 %
b Medicaid (from Worksheet 3, column a)			214,943,584	179,164,926	35,778,658	2 040 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			232,364,256	180,411,529	51,952,727	2 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,076,148	121,254	4,954,894	0 280 %
f Health professions education (from Worksheet 5)			107,501,288	32,638,303	74,862,985	4 260 %
g Subsidized health services (from Worksheet 6)			67,866,078	34,955,736	32,910,342	1 870 %
h Research (from Worksheet 7)			296,822,715	219,244,237	77,578,478	4 420 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,187,521	10,000	11,177,521	0 640 %
j Total. Other Benefits			488,453,750	286,969,530	201,484,220	11 470 %
k Total. Add lines 7d and 7j			720,818,006	467,381,059	253,436,947	14 430 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			768,634		768,634	0.040 %
9 Other						
10 Total			768,634		768,634	0.040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	20,510,577	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	393,338,468
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	418,803,491
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-25,465,023
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system		
<input checked="" type="checkbox"/> Cost to charge ratio		
<input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Facility reporting group	Other (describe)	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
See Additional Data Table											

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
BETH ISRAEL DEACONESS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

BETH ISRAEL DEACONESS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14		No
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

BETH ISRAEL DEACONESS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BETH ISRAEL DEACONESS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 1 - BETH ISRAEL DEACONESS HEALTHCARE LEXIN 482 BEDFORD STREET LEXINGTON, MA 02420	OUTPATIENT MEDICAL CARE
2 2 - BETH ISRAEL DEACONESS HEALTHCARE CHELS 1000 BROADWAY CHELSEA, MA 02150	OUTPATIENT MEDICAL CARE
3 3 - BOWDOIN STREET HEALTH CENTER 230 BOWDOIN STREET DORCHESTER, MA 02122	OUTPATIENT MEDICAL CARE
4 4 - CHESTNUT HILL AMBULATORY CARE 200 BOYLSTON STREET NEWTON, MA 02467	OUTPATIENT MEDICAL CARE
5 5 - BETH ISRAEL DEACONESS CANCER CENTER 148 CHESTNUT STREET NEEDHAM, MA 02492	OUTPATIENT MEDICAL CARE
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCHEDULE H SUPPLEMENTAL INFORMATION	SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION B FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS

Form and Line Reference	Explanation
COMMUNITY BENEFITS MISSION STATEMENT	<p>THE MISSION OF BETH ISRAEL DEACONESS MEDICAL CENTER IS TO SERVE PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES. THE MEDICAL CENTER'S MISSION IS SUPPORTED BY A COMMITMENT TO PERSONALIZED, EXCELLENT PATIENT CARE, A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION, AND A COMMITMENT TO MAINTAINING THE INSTITUTION'S FINANCIAL HEALTH. THE MEDICAL CENTER IS COMMITTED TO BEING ACTIVE IN THE COMMUNITY AS WELL. SERVICE TO COMMUNITY IS AT THE CORE AND AN IMPORTANT PART OF OUR MISSION. THE MEDICAL CENTER HAS A COVENANT TO CARE FOR THE UNDERSERVED AND TO WORK TO CHANGE DISPARITIES IN ACCESS TO CARE. THIS COMMUNITY BENEFIT MISSION IS FULFILLED BY - IMPLEMENTING PROGRAMS AND SERVICES IN GREATER BOSTON AND OUTER COMMONWEALTH TO IMPROVE THE CURRENT AND FUTURE HEALTH STATUS OF MEDICALLY UNDERSERVED COMMUNITIES WHICH ARE CHALLENGED BY BARRIERS IN ACCESSING AND INTERACTING EFFECTIVELY WITH THE HEALTHCARE SYSTEM AND IMPACTED BY OTHER SOCIAL DETERMINANTS OF HEALTH - ENSURING THAT ALL PATIENTS RECEIVE EQUITABLE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE AND THAT THE MEDICAL CENTER IS WELCOMING AND INCLUSIVE, AND- ENCOURAGING COLLABORATIVE RELATIONSHIPS WITH OTHER PROVIDERS AND GOVERNMENT ENTITIES TO SUPPORT AND ENHANCE RATIONAL AND EFFECTIVE HEALTH POLICIES AND PROGRAMS. DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$16,132,415 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. COMMUNITY CARE ALLIANCE (CCA) AND COMMUNITY HEALTH CENTERS (CHC). BIDMC HAS PARTICULARLY STRONG RELATIONSHIPS WITH MANY OF THE PRIMARY CARE CLINICS THAT OPERATE IN ITS COMMUNITY BENEFITS SERVICE AREA, MANY OF WHOM ARE AFFILIATED WITH BIDMC'S COMMUNITY CARE ALLIANCE (CCA). SERVING OVER 100,000 PATIENTS ANNUALLY, THE CCA HEALTH CENTERS INCLUDE - BOWDOIN STREET HEALTH CENTER- THE DIMOCK CENTER- FENWAY HEALTH AND SIDNEY BORUM JR. HEALTH SERVICES- CHARLES RIVER COMMUNITY HEALTH (FORMERLY JOSEPH M. SMITH COMMUNITY HEALTH CENTER)- OUTER COMMONWEALTH SERVICES- SOUTH COVE COMMUNITY HEALTH CENTER. THE MEDICAL CENTER PROVIDED COMBINED DIRECT GRANT, FUNDING AND COMMUNITY BENEFIT PROGRAMMING SUPPORT OF THESE CHCS AND THE CCA OF \$6,035,254. THESE AMOUNTS ARE INCLUDED IN SCHEDULE H PART I, LINES 7E, 7G AND 7I AND ARE REPORTED IN SCHEDULE I PART II. THE CCA HEALTH CENTERS ARE IDEAL COMMUNITY BENEFITS PARTNERS AS THEY ARE ROOTED IN THEIR COMMUNITIES AND, AS FEDERALLY QUALIFIED HEALTH CENTERS, MANDATED TO SERVE LOW INCOME, UNDERSERVED POPULATIONS. THESE CLINIC PARTNERS HAVE BEEN A VITAL PART OF BIDMC'S COMMUNITY HEALTH IMPROVEMENT STRATEGY SINCE 1968, WHEN BETH ISRAEL HOSPITAL FIRST JOINED FORCES WITH THE DIMOCK CENTER TO ADDRESS MATERNAL AND CHILD HEALTH ISSUES. HISTORICALLY, BIDMC HAS RELIED HEAVILY ON ITS CCA PARTNERS AS WELL AS A NUMBER OF OTHER KEY COMMUNITY HEALTH PARTNERS TO IMPLEMENT ITS COMMUNITY BENEFITS INITIATIVES. IN THIS REGARD, BIDMC HAS LEVERAGED CCA'S EXPERTISE AND THE VITAL CONNECTIONS THAT THESE ORGANIZATIONS HAVE WITH RESIDENTS AND ORGANIZATIONS IN THE COMMUNITIES THEY SERVE. COMMUNITY BENEFITS LEADERSHIP AND PROCESS FOR THE PERIOD COVERED BY THIS FILING, THE BOARD OF DIRECTORS CHARGED ITS PERMANENT COMMUNITY BENEFITS COMMITTEE WITH AUTHORITY AND OVERSIGHT OF ACTIVITIES TO FULFILL THE MISSION OF COMMUNITY BENEFITS. SPECIFICALLY, THE RESPONSIBILITIES OF THE COMMITTEE ARE TO " (I) RECOMMEND BROAD GUIDELINES BY WHICH THE CORPORATION'S PROGRAMS AND POLICIES SERVE ITS COMMUNITIES, (II) MAKE RECOMMENDATIONS OF POLICIES AND PRIORITIES WITH REGARD TO PROGRAMS THAT MEET THE HEALTH CARE NEEDS OF ITS COMMUNITIES, (III) STRENGTHEN THE INTEGRATION OF THE CORPORATION'S COMMUNITY SERVICE ACTIVITIES, PUBLIC HEALTH PROGRAMS AND ITS OVERALL STRATEGIC PLANNING EFFORTS, (IV) OVERSEE THE DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY BENEFIT PLAN TO ADDRESS IDENTIFIED NEEDS IN THE COMMUNITY, (V) IDENTIFY, SHARE AND REPLICATE INNOVATIVE AND EVIDENCE-BASED MODELS AND BEST PRACTICES TO ADDRESS THESE NEEDS, (VI) REVIEW, AT LEAST ANNUALLY, THE EXTENT AND NATURE OF THE COMMITMENT OF RESOURCES TO PROGRAMS TARGETED AT IMPROVING THE CURRENT AND FUTURE HEALTH STATUS OF SURROUNDING COMMUNITIES, (VII) ENCOURAGE COLLABORATIVE RELATIONSHIPS WITH OTHER PROVIDERS AND GOVERNMENT ENTITIES TO SUPPORT AND ENHANCE RATIONAL AND EFFECTIVE PUBLIC HEALTH POLICIES AND PROGRAMS, (VIII) DISCUSS PUBLIC POLICY ISSUES AND RELEVANT LEGAL AND REGULATORY MATTERS RELATED TO PUBLIC HEALTH AND COMMUNITY BENEFITS AND ADVISE THE BOARD OF DIRECTORS OF THE IMPLICATIONS FOR THE CORPORATION, (IX) EDUCATE DIRECTORS, TRUSTEES, OVERSEERS, STAFF AND THE COMMUNITY ABOUT HOW THE CORPORATION ADDRESSES ITS MISSION TO FOCUS ON THE HEALTH NEEDS OF ITS COMMUNITIES, AND (X) WORK TO RECOGNIZE AND CONFRONT HEALTH DISPARITIES AND ENSURE THAT THE CORPORATION IS WELCOMING AND INCLUSIVE FOR</p>

Form and Line Reference	Explanation
COMMUNITY BENEFITS MISSION STATEMENT	<p>ALL INDIVIDUALS OF DIVERSE BACKGROUNDS "THE MEMBERSHIP OF THE MEDICAL CENTER'S COMMUNITY BENEFITS COMMITTEE ASPIRES TO BE REPRESENTATIVE OF THE CONSTITUENCIES AND TARGET POPULATIONS OF OUR PROGRAMMATIC ENDEAVORS INCLUDING THOSE FROM DIVERSE RACIAL AND ETHNIC BACKGROUNDS, AGE, GENDER, SEXUAL ORIENTATION AND GENDER IDENTITY, AS WELL AS THOSE FROM CORPORATE AND NON-PROFIT COMMUNITY ORGANIZATIONS SENIOR MANAGEMENT IS ACTIVELY ENGAGED IN THE DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY BENEFITS PLAN, ENSURING THAT THE MEDICAL CENTER'S POLICIES AND RESOURCES ARE ALLOCATED TO SUPPORT PLANNED ACTIVITIES IT IS NOT ONLY THE BOARD AND SENIOR LEADERSHIP THAT ARE HELD ACCOUNTABLE IN FULFILLING THE MEDICAL CENTER'S COMMUNITY BENEFITS MISSION CONSISTENT WITH THE MEDICAL CENTER'S CORE VALUES IS THE RECOGNITION THAT THE MOST SUCCESSFUL COMMUNITY BENEFITS PROGRAMS ARE THOSE THAT ARE IMPLEMENTED ORGANIZATION-WIDE AND INTEGRATED INTO THE VERY FABRIC OF THE MEDICAL CENTER'S CULTURE, POLICIES AND PROCEDURES IT IS NOT A STAND-ALONE EFFORT THAT IS THE RESPONSIBILITY OF ONE STAFF OR DEPARTMENT BUT RATHER AN ORIENTATION AND VALUE MANIFESTED THROUGHOUT OUR STRUCTURE, REFLECTED IN HOW WE PROVIDE CARE HERE AT THE MEDICAL CENTER AND IN AFFILIATED PRACTICES IN URBAN NEIGHBORHOODS AND CERTAIN RURAL AREAS PROVIDING DIRECTION FOR THE MEDICAL CENTER'S COLLECTIVE COMMITMENT AND EFFORT ARE THE COMMUNITY BENEFIT GUIDING PRINCIPLES THAT FOLLOW ADOPTED BY A BROAD-BASED CONSTITUENCY OF BOARD, SENIOR LEADERSHIP AND STAFF, THESE PRINCIPLES PROVIDE THE FRAMEWORK FOR THE EXECUTION OF THE PLAN, SPEARHEADED BY THE DIRECTOR OF COMMUNITY BENEFITS FOR THE PERIOD COVERED BY THIS FILING, THE DIRECTOR OF COMMUNITY BENEFITS WAS ACCOUNTABLE TO THE GENERAL COUNSEL WITH DIRECT ACCESS TO THE PRESIDENT AND CEO AND THESE SENIOR MANAGERS WERE RESPONSIBLE FOR ENSURING THAT THE ENTIRE ORGANIZATION ADDRESSED COMMUNITY BENEFITS AND THAT THE NEEDS OF UNDERSERVED POPULATIONS WERE CONSIDERED EVERY DAY IN DISCUSSIONS ON RESOURCE ALLOCATION, POLICIES, AND PROGRAM DEVELOPMENT THIS IS THE STRUCTURE AND METHODOLOGY EMPLOYED TO ENSURE THAT COMMUNITY BENEFITS IS NOT THE PURVIEW OF ONE OFFICE ALONE AND TO MAXIMIZE THE EXTENT TO WHICH EFFORTS ACROSS THE ORGANIZATION ARE FULFILLING THE GOALS OF COMMUNITY BENEFITS THE MEDICAL CENTER ACCOMPLISHES THESE GOALS BY PARTNERING WITH THE COMMUNITY AS FOLLOWS - THE MEDICAL CENTER PARTNERS WITH COMMUNITY LEADERS AND COMMUNITY-BASED ORGANIZATIONS WHO SERVE AS LINKS TO THE COMMUNITY AND TEACHERS OF HOW TO BETTER SERVE THE POPULATIONS THEY REPRESENT IN ADDITION, THE MEDICAL CENTER COLLABORATES WITH A WIDE VARIETY OF ORGANIZATIONS BECAUSE HEALTHCARE SERVICES BY THEMSELVES ARE NOT ADEQUATE TO MAXIMIZE IMPROVEMENT OF HEALTH STATUS - IMPROVING THE COMMUNITY'S HEALTH REQUIRES MORE THAN CLINICAL SERVICES THE MEDICAL CENTER LOOKS TO PUBLIC HEALTH, PREVENTION, AND OTHER HEALTH-RELATED APPROACHES NOT TRADITIONALLY PROVIDED BY MANY ACUTE CARE HOSPITALS - THE MEDICAL CENTER'S COMMITMENT TO THE COMMUNITY BENEFITS MISSION IS AS FUNDAMENTAL AS ITS COMMITMENT TO ITS PATIENT CARE AND ACADEMIC MISSIONS THAT IS, RATHER THAN ABANDON ANY OF THESE FUNDAMENTAL MISSIONS WHEN BUDGET RESTRAINTS ARISE, THE MEDICAL CENTER WILL CONSTANTLY SEEK WAYS TO FULFILL ALL OF THEM IN AS EFFECTIVE AND EFFICIENT A MANNER AS POSSIBLE - COMMUNITY BENEFITS PROGRAMS ARE MOST SUCCESSFUL WHEN IMPLEMENTED ORGANIZATION-WIDE, JUST AS QUALITY AND RESPECT COMMUNITY BENEFITS CANNOT SUCCEED AS A STAND-ALONE ACTIVITY THE IMPORTANCE OF THESE PRINCIPLES AND THE EFFORTS THAT RESULT MUST BE EMBRACED BY TRUSTEES, SENIOR MANAGEMENT AND PROVIDERS ALIKE, AS WELL AS BY THE COMMUNITIES SERVED</p>

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	<p>COMMUNITY HEALTH NEEDS ASSESSMENT INTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE COD E SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUI RES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY A DOPT AN IMPLEMENTATION STRATEGY PURSUANT TO FEDERAL GUIDELINES, IN ORDER MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED THE MEDICAL CENTER COMPLETED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMB ER 2016 THAT CHNA WAS APPROVED BY THE BIDMC BOARD OF DIRECTORS ON SEPTEMBER 20, 2016 THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO APPROVED BY THE BO ARD ON SEPTEMBER 20, 2016 WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATION S UNDER IRC SECTION 501(R) THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ALONG WITH T HE ASSOCIATED IMPLEMENTATION STRATEGY/COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) REPRESENT THE CULMINATION OF A YEAR OF WORK AND WAS BORNE LARGELY OUT OF BIDMC'S COMMITMENT TO BET TER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEF ITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED THE PROJECT ALSO WA S DESIGNED TO FULFILL THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVE NUE SERVICE (IRS) REGULATIONS WHICH REQUIRE THAT BIDMC ASSESS COMMUNITY HEALTH NEEDS, ENGA GE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES, AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW THE MEDICAL CENTER, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALT H DEPARTMENT, WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE ASSESSMENT THE MEDICAL CENTER ACCOMPLISHED THE 2016 CHNA IN CONJUNCTION WITH ITS AFFILIATES BETH ISRAEL D EACONESS HOSPITAL NEEDHAM (BID-NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL MILTON (BID-MILTON) AND BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH (BID-PLYMOUTH) FOR THE PERIOD COVERED BY TH IS FILING, THE MEDICAL CENTER SERVED AS SOLE MEMBER OF THESE COMMUNITY HOSPITALS THE MEDI CAL CENTER'S IMPLEMENTATION STRATEGY WHICH RESULTED FROM THIS PROCESS, IS DESIGNED TO GUID E AND INFORM ITS COMMUNITY BENEFITS PROGRAMMING FOR THE FOR THE FISCAL YEARS ENDED/ENDING SEPTEMBER 30, 2017, SEPTEMBER 30, 2018 AND SEPTEMBER 30, 2019 COMMUNITY HEALTH NEEDS ASSE SMENT COMMUNITY INFORMATIONBIDMC FOCUSES ITS COMMUNITY BENEFITS EFFORTS ON IMPROVING THE HEALTH STATUS OF THE LOW INCOME, UNDERSERVED POPULATIONS LIVING IN ALLSTON/BRIGHTON, CHINA TOWN, DORCHESTER, FENWAY/KENMORE AND ROXBURY BIDMC ALSO HAS HISTORICAL TIES TO UNDERSERVE D COMMUNITIES IN QUINCY AND TO SOME OF THE MOST ISOLATED, VULNERABLE AREAS OF CAPE COD, SP ECIFICALLY THE OUTER CAPE (HARWICH, WELLFLEET, TRURO, AND PROVINCETOWN) THESE COMMUNITIES MAKE UP BIDMC'S COMMUNITY BENEFITS SERVICE AREA AND INCLUDE THE COMMUNITY CARE ALLIANCE (CCA), THE NETWORK OF ONE LICENSED AND FIVE FEDERALLY QUALIFIED HEALTH CENTERS AFFILIATED W ITH BIDMC (SCHEDULE H PART VI QUESTION 4) COMMUNITY HEALTH NEEDS ASSESSMENT -- APPROACH AND METHODSTHE FY 2016 CHNA WAS CONDUCTED IN THREE PHASES, WHICH ALLOWED BIDMC TO 1) COMPILE AN EXTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA, 2) ENGAGE AND INVOLVE KEY ST AKEHOLDERS, BIDMC CLINICAL AND ADMINISTRATIVE STAFF, AND THE COMMUNITY AT-LARGE, 3) DEVELOP A REPORT AND DETAILED STRATEGIC PLAN, AND 4) COMPLY WITH ALL COMMONWEALTH ATTORNEY GENER AL AND FEDERAL IRS COMMUNITY BENEFITS REQUIREMENTS DATA SOURCES INCLUDED A BROAD ARRAY OF PUBLICLY AVAILABLE SECONDARY DATA, KEY INFORMANT INTERVIEWS, AND FOUR COMMUNITY FORUMS B ETH ISRAEL DEACONESS MEDICAL CENTER'S COMMUNITY BENEFITS PROGRAM IS PREDICATED ON THE NOTI ON OF PARTNERSHIP AND DIALOGUE WITH ITS MANY COMMUNITIES BIDMC'S UNDERSTANDING OF THESE C OMMUNITIES' NEEDS IS DERIVED FROM DISCUSSIONS WITH AND OBSERVATIONS BY, HEALTHCARE AND HEA LTH-RELATED WORKERS IN THE NEIGHBORHOODS AS WELL AS MORE FORMAL ASSESSMENTS THROUGH AVAILA BLE PUBLIC HEALTH DATA, FOCUS GROUPS, SURVEYS, ETC THE DATA COLLECTED WAS THEN AUGMENTED BY DEMOGRAPHIC AND HEALTH STATUS INFORMATION GLEANED FROM A VARIETY OF SOURCES INCLUDING T HE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, THE BOSTON PUBLIC HEALTH COMMISSION, FEDERAL RESOURCES SUCH AS THE INSTITUTE OF MEDICINE, AND CENTERS FOR DISEASE CONTROL AND PREVENTI ON, AND REVIEW OF LITERATURE RELEVANT TO A PARTICULAR COMMUNITY'S NEEDS THE ARTICULATION O F EACH SPECIFIC COMMUNITY'S NEEDS (DONE IN PARTNERSHIP BETWEEN BETH ISRAEL DEACONESS MEDIC AL CENTER AND COMMUNITY PARTNERS) IS USED TO INFORM BIDMC'S DECISION-MAKING ABOUT PRIORITI ES FOR COMMUNITY BENEFITS EFFORTS FOLLOWING THE GUIDING PRINCIPLES DESCRIBED ABOVE, FOR E ACH PRIORITY AREA, BIDMC WORKS IN CONCERT WITH COMMUNITY RESIDENTS AND LEADERS TO DESIGN S PECIFIC ACTIONS TO BE UNDERTAKEN EACH YEAR EACH COMPONENT OF THE PLAN IS THUS DEVELOPED A ND EVENTUALLY WOVEN INTO THE ANNUAL GOALS AND AGENDA FOR THE MEDICAL CENTER'S COMMUNITY BE NEFITS PLAN THAT IS ADOPTED BY THE BOARD OF DIRECT</p>

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	<p>OR'S COMMUNITY BENEFITS COMMITTEE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY OF FINDINGS SOCIAL DETERMINANTS AND HEALTH RISK FACTORS- SOCIAL DETERMINANTS OF HEALTH (E G , ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A TREMENDOUS IMPACT ON MANY SEGMENTS OF THE POPULATION. THE DOMINANT THEME FROM THE ASSESSMENT'S KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE CONTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE CBSA'S LOW INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS. MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT, AND COMMUNITY INTEGRATION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH. LARGE PROPORTIONS OF INDIVIDUALS RESIDING WITHIN BOSTON AND BIDMC'S COMMUNITY BENEFITS SERVICE AREA LIVE IN POVERTY, HAVE LIMITED FORMAL EDUCATION, ARE UNEMPLOYED, AND STRUGGLE TO AFFORD FOOD AND OTHER ESSENTIAL HOUSEHOLD ITEMS. THESE POPULATIONS ARE DISPROPORTIONATELY FROM RACIALLY/ETHNICALLY DIVERSE GROUPS AND, PARTLY AS A RESULT OF THEIR POVERTY, FACE DISPARITIES IN HEALTH AND ACCESS TO CARE OUTCOMES. IT IS CRITICAL TO NOTE THAT THERE IS A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES. IT IS INSUFFICIENT TO TALK SOLELY ABOUT RACE/ETHNICITY, IMMIGRATION STATUS, OR LANGUAGE, AS THE UNDERLYING AND CORRELATIVE ISSUES RELATED TO HEALTH AND WELL-BEING INVOLVE ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMMUNITY COHESION. - DISPARITIES IN HEALTH OUTCOMES EXIST IN BIDMC CBSA BY RACE/ETHNICITY, FOREIGN BORN STATUS, AND LANGUAGE. AS WAS ESTABLISHED IN THE FY 2013 BIDMC COMMUNITY BENEFITS REPORT, THERE ARE MAJOR HEALTH DISPARITIES FOR RESIDENTS LIVING IN BIDMC'S CBSA. THIS CONTINUES TO BE PARTICULARLY TRUE FOR RACIALLY/ETHNICALLY DIVERSE, FOREIGN-BORN, AND NON-ENGLISH SPEAKING RESIDENTS LIVING IN THE NEIGHBORHOODS IN BOSTON THAT ARE PART OF BIDMC'S CBSA (I E , ALLSTON/BRIGHTON, DORCHESTER, FENWAY, ROXBURY, AND SOUTH END/CHINATOWN). THE IMPACT OF RACISM, BARRIERS TO CARE, AND DISPARITIES IN HEALTH OUTCOMES THAT THESE POPULATIONS FACE ARE WIDELY DOCUMENTED IN THE LITERATURE AND ARE CONFIRMED BY NUMEROUS NATIONAL, COMMONWEALTH, AND LOCAL DATA SOURCES, INCLUDING DATA FROM THE BOSTON PUBLIC HEALTH COMMISSION 2014 -15 HEALTH OF BOSTON REPORT. - IT IS CRUCIAL THAT THESE DISPARITIES BE ADDRESSED AND, TO THIS END, BIDMC'S FY 17-19 IMPLEMENTATION STRATEGY/COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) CONTINUES TO INCLUDE A MYRIAD OF PROGRAMS, STRATEGIC INTERVENTIONS, AND SERVICES THAT ARE CAREFULLY TARGETED TO ADDRESS THESE DISPARITIES. HOWEVER, IT IS CRITICAL TO NOTE THAT THERE IS A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES. THE UNDERLYING ISSUE IS NOT ONLY RACE/ETHNICITY, FOREIGN BORN STATUS, OR LANGUAGE BUT RATHER A BROAD ARRAY OF INTER-RELATED ISSUES INCLUDING ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMMUNITY COHESION. ARGUABLY, THESE ARE THE LEADING DETERMINANTS OF HEALTH FOR ALL URBAN COMMUNITIES IN THE UNITED STATES, AND THEY ARE DAUNTING CHALLENGES. MANY OF BOSTON'S MAJOR ACADEMIC AND HEALTHCARE INSTITUTIONS, INCLUDING BIDMC, HAVE BEEN AT THE HEART OF THIS NATIONAL DIALOGUE FOR DECADES. BIDMC IS COMMITTED TO DOING WHAT IT CAN TO ADDRESS THESE FACTORS AND EVERY PRIORITY AREA AND GOAL IN BIDMC'S FY 16-19 CHIP IS STRUCTURED TO ADDRESS HEALTH DISPARITIES AND INEQUITIES IN SOME WAY.</p>

Form and Line Reference	Explanation
<p>2016 COMMUNITY HEALTH NEEDS ASSESSMENT - SUMMARY OF FINDINGS (CONTINUED)</p>	<p>- LIMITED ACCESS TO PRIMARY CARE MEDICAL AND SPECIALTY CARE, ORAL HEALTH, AND BEHAVIORAL HEALTH SERVICES FOR LOW INCOME, MEDICAID INSURED, UNINSURED, AND OTHER POPULATION SEGMENTS FACING BARRIERS TO CARE DESPITE THE FACT THAT MASSACHUSETTS HAS ONE OF THE HIGHEST RATES OF HEALTH INSURANCE AND THE COMMUNITIES THAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS, THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW INCOME, MEDICAID INSURED, UNINSURED, AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL AND BEHAVIORAL HEALTH SERVICES. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE, AND IMPROVE THE QUALITY OF PRIMARY CARE AND SPECIALTY MEDICAL, ORAL HEALTH, AND BEHAVIORAL HEALTH SERVICES - HIGH RATES OF THE LEADING HEALTH RISK FACTORS (E.G., LACK OF NUTRITIONAL FOOD AND PHYSICAL ACTIVITY, ALCOHOL/ILLCIT DRUG USE, AND TOBACCO USE) ONE OF THE LEADING FINDINGS FROM THE ASSESSMENT IS THAT MANY COMMUNITIES AND/OR POPULATION SEGMENTS IN BIDMC'S CBSA HAVE HIGH RATES OF CHRONIC PHYSICAL AND BEHAVIORAL HEALTH CONDITIONS. IN SOME PEOPLE THESE CONDITIONS HAVE UNDERLYING GENETIC ROOTS THAT ARE HARD TO COUNTER. HOWEVER, FOR MOST PEOPLE THESE CONDITIONS ARE WIDELY CONSIDERED TO BE PREVENTABLE OR MANAGEABLE. ADDRESSING THE LEADING RISK FACTORS IS AT THE ROOT OF A SOUND CHRONIC DISEASE PREVENTION AND MANAGEMENT STRATEGY. BEHAVIORAL HEALTH- HIGH RATES OF SUBSTANCE USE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY, AND STRESS) IF THE IMPACT OF SOCIAL DETERMINANTS WAS THE LEADING FINDING, A CLOSE SECOND WAS THE PROFOUND IMPACT THAT BEHAVIORAL HEALTH ISSUES (I.E., SUBSTANCE USE AND MENTAL HEALTH) ARE HAVING ON INDIVIDUALS, FAMILIES AND COMMUNITIES IN EVERY GEOGRAPHIC REGION AND EVERY POPULATION SEGMENT IN BIDMC'S CBSA. DEPRESSION/ANXIETY, SUICIDE, OPIOID AND PRESCRIPTION DRUG DEPENDENCY, AND ALCOHOL AND MARIJUANA USE, PARTICULARLY IN YOUTH, ARE MAJOR HEALTH ISSUES AND ARE HAVING A TREMENDOUS IMPACT ON THE POPULATION AS WELL AS A BURDEN ON THE SERVICE SYSTEM. THE FACT THAT PHYSICAL AND BEHAVIORAL HEALTH ARE SO INTERTWINED COMPOUNDS THE IMPACT OF THESE ISSUES. OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID ABUSE IN THE COMMONWEALTH - LIMITED ACCESS TO BEHAVIORAL HEALTH SERVICES, PARTICULARLY FOR LOW INCOME, MEDICAID INSURED, UNINSURED, AND THOSE WITH COMPLEX, MULTI-FACETED ISSUES. DESPITE THE BURDEN OF MENTAL HEALTH AND SUBSTANCE USE ON ALL SEGMENTS OF THE POPULATION, THERE IS AN EXTREMELY LIMITED SERVICE SYSTEM AVAILABLE TO MEET THE NEEDS THAT EXISTS FOR THOSE WITH ALL MILD TO MODERATE EPISODIC ISSUES OR THOSE WITH MORE SERIOUS AND COMPLEX, CHRONIC CONDITIONS. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE (INCLUDING STIGMA), AND IMPROVE THE QUALITY OF PRIMARY CARE AND SPECIALIZED BEHAVIORAL HEALTH SERVICES. CHRONIC DISEASE MANAGEMENT- HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA) THE ASSESSMENT'S QUANTITATIVE DATA CLEARLY SHOWS THAT MANY COMMUNITIES IN BIDMC'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA) IN MANY COMMUNITIES THESE RATES ARE STATISTICALLY HIGHER THAN COMMONWEALTH RATES, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM. HOWEVER, EVEN FOR THOSE COMMUNITIES WHERE THE RATES ARE NOT STATISTICALLY HIGHER, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH - LIMITED ACCESS TO CANCER SCREENING FOR RACIAL/ETHNIC DIVERSITY AND OTHER AT-RISK POPULATIONS. MANY OF THE COMMUNITIES THAT ARE PART OF BIDMC'S CBSA HAVE HIGH CANCER MORTALITY RATES. THIS IS PARTICULARLY TRUE FOR CERTAIN CANCERS IN SPECIFIC COMMUNITIES IN SPECIFIC BOSTON NEIGHBORHOODS, SUCH AS ROXBURY, DORCHESTER, AND SOUTH END/CHINATOWN THAT HAVE A HIGH PROPORTION OF RACIAL/ETHNIC DIVERSITY. AT THE ROOT OF ADDRESSING HIGH MORTALITY IS SCREENING, EARLY DETECTION AND ACCESS TO TIMELY TREATMENT - HIGH RATES OF HIV/AIDS PARTICULARLY ON THE OUTER PORTION OF CAPE COD AND IN A NUMBER OF BOSTON NEIGHBORHOODS THAT ARE PART OF BIDMC'S CBSA. GREAT STRIDES HAVE BEEN MADE IN CONTROLLING AND MANAGING HIV/AIDS, AND FOR MANY IT IS MANAGED AS A CHRONIC CONDITION WITH MEDICATIONS. RATES OF ILLNESS, DEATH, AND HIV TRANSMISSION DECLINED OVERALL IN THE PAST DECADE. HOWEVER, HIV/AIDS STILL HAS A MAJOR IMPACT ON CERTAIN SEGMENTS OF THE POPULATION, INCLUDING MEN WHO HAVE SEX WITH MEN AND INJECTION DRUG USERS. IN BIDMC'S CBSA, RATES OF HIV/AIDS ARE PARTICULARLY HIGH IN THE OUTER PORTION OF CAPE COD AND A NUMBER OF BOSTON NEIGHBORHOODS. ACCESS TO CARE- LIMITED ACCESS TO PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH CARE SERVICES FOR LOW INCOME, MEDICAID INSURED, UNINSURED, AND OTHER VULNERABLE POPULATIONS FACING HEALTH CARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACT THAT 1) MASSACHUSETTS HAS ONE OF THE HIGHEST RATES OF HEALTH INSURANCE AND 2) THE COMMUNITIES THAT</p>

Form and Line Reference	Explanation
2016 COMMUNITY HEALTH NEEDS ASSESSMENT - SUMMARY OF FINDINGS (CONTINUED)	<p>HAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW INCOME, MEDICAID INSURED, UNINSURED, AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL AND ORAL HEALTH SERVICES EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE, AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH SERVICES - BARRIERS TO ACCESS AND DISPARITIES IN HEALTH OUTCOMES CONTINUE TO CHALLENGE THREE SPECIAL POPULATIONS (INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS BASED ON INFORMATION GATHERED PRIMARILY FROM THE INTERVIEWS AND COMMUNITY FORUMS, THE ASSESSMENT IDENTIFIED A NUMBER OF SPECIAL POPULATIONS THAT FACE BARRIERS TO CARE AND DISPARITIES IN ACCESS MORE SPECIFICALLY, INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND THE LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS FACE DISPARITIES IN ACCESS AND OUTCOME AND ARE PARTICULARLY AT-RISK IF THESE DISPARITIES ARE GOING TO BE ADDRESSED THEN CARE NEEDS TO BE TAKEN TO TAILOR IDENTIFICATION/ SCREENING AND PREVENTIVE SERVICES AS WELL AS ACUTE AND CHRONIC DISEASE MANAGEMENT SERVICES FOR THESE SPECIAL POPULATIONS</p>

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT ADDRESSING COMMUNITY HEALTH NEEDS	<p>LARGE PROPORTIONS OF INDIVIDUALS RESIDING WITHIN BOSTON AND BIDMC'S COMMUNITY BENEFITS SERVICE AREA LIVE IN POVERTY, HAVE LIMITED FORMAL EDUCATION, ARE UNEMPLOYED, AND STRUGGLE TO AFFORD FOOD AND OTHER ESSENTIAL HOUSEHOLD ITEMS. THESE POPULATIONS ARE DISPROPORTIONATELY FROM RACIAL/ETHNIC MINORITY GROUPS AND, PARTLY AS A RESULT OF THEIR POVERTY, FACE DISPARITIES IN HEALTH AND ACCESS TO CARE OUTCOMES. IT IS CRITICAL TO NOTE THAT THERE IS A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES. IT IS INSUFFICIENT TO TALK SOLELY ABOUT RACE/ETHNICITY, FOREIGN BORN STATUS, OR LANGUAGE AS THE UNDERLYING AND CORRELATIVE ISSUES RELATED TO HEALTH AND WELL-BEING INVOLVE ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMMUNITY COHESION. BIDMC STRIVES TO ADDRESS THE PRIORITY AREAS IDENTIFIED IN ITS CHNA AND IMPLEMENTATION STRATEGY/COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) WHICH ARE AVAILABLE ON THE MEDICAL CENTER'S WEBSITE. BIDMC'S MOST RECENTLY COMPLETED CHNA IS AVAILABLE ON THE BIDMC WEBSITE AT HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/BIDMC-2016-CHNA-COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF?LA=EN BIDMC'S MOST RECENTLY COMPLETED IMPLEMENTATION STRATEGY (CHIP) IS AVAILABLE ON THE BIDMC WEBSITE AT HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/COMMUNITY-HEALTH-IMPLEMENTATION-PLAN.PDF?LA=EN IN ADDITION, THE CHNA AND CHIP WHICH WERE COMPLETED PREVIOUSLY COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2013 AND UNDER WHICH COMMUNITY BENEFITS ACTIVITIES WERE GUIDED FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2014, SEPTEMBER 30, 2015 AND SEPTEMBER 30, 2016 ARE AVAILABLE ON THE BIDMC WEBSITE AT HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/FINALCHNAREPORT92313.PDF?LA=EN IN ADDITION, ALL OF THESE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A) A SUMMARY OF THE MEDICAL CENTER'S COMMUNITY BENEFIT ACTIVITIES WHICH ADDRESS THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 AND PRIORITIZED IN THE RELATED CHIP ARE PROVIDED HERE ALONG WITH THE ENTITIES WITH WHICH THE MEDICAL CENTER PARTNERS RELATED TO THESE EFFORTS. KEY BASELINE 2017, YEAR 1 2018, YEAR 2 2019 PRIORITY AREA 1 SOCIAL DETERMINANTS AND HEALTH RISK FACTORS SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A TREMENDOUS IMPACT ON MANY SEGMENTS OF THE POPULATION. THE DOMINANT THEME FROM BIDMC'S KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE CONTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE COMMUNITY BENEFITS SERVICE AREA'S LOW INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS. MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT, AND COMMUNITY INTEGRATION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH. LARGE PROPORTIONS OF INDIVIDUALS RESIDING WITHIN BOSTON AND BIDMC'S COMMUNITY BENEFITS SERVICE AREA LIVE IN POVERTY, HAVE LIMITED FORMAL EDUCATION, ARE UNEMPLOYED, AND STRUGGLE TO AFFORD FOOD AND OTHER ESSENTIAL HOUSEHOLD ITEMS. THESE POPULATIONS ARE DISPROPORTIONATELY FROM RACIALLY/ETHNICALLY DIVERSE GROUPS AND, PARTLY AS A RESULT OF THEIR POVERTY, FACE DISPARITIES IN HEALTH AND ACCESS TO CARE OUTCOMES. IT IS CRITICAL TO NOTE THAT THERE IS A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES. IT IS INSUFFICIENT TO TALK SOLELY ABOUT RACE/ETHNICITY, IMMIGRATION STATUS, OR LANGUAGE, AS THE UNDERLYING AND CORRELATIVE ISSUES RELATED TO HEALTH AND WELL-BEING INVOLVE ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMMUNITY COHESION. KEY BASELINE 2017, YEAR 1 2018, YEAR 2 2019 GOAL INCREASE PHYSICAL ACTIVITY AND HEALTHY EATING TARGET POPULATION: CHILDREN, YOUTH, ADULTS PROGRAMMATIC OBJECTIVES: 1.1 INCREASE THE NUMBER OF CHILDREN, YOUTH, AND ADULTS WHO ARE PHYSICALLY ACTIVE 1.2 IMPLEMENT PROGRAMS AT BOWDOIN STREET WELLNESS CENTER 1.3 INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS IN COMMUNITY 1.4 IMPROVE NUTRITIONAL QUALITY OF THE FOOD SUPPLY 1.5 DECREASE THE NUMBER OF INDIVIDUALS AND FAMILIES WHO SUFFER FROM FOOD INSECURITY COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT AND PROMOTE THE DEVELOPMENT OF WALKING AND OTHER PHYSICAL ACTIVITY GROUPS IN SCHOOLS, COMMUNITY-BASED AND PRIMARY CARE-BASED SETTINGS (E.G., BOWDOIN STREET WELLNESS CENTER)- SUPPORT AND COLLABORATE WITH BPHC AND COMMUNITY-BASED ORGANIZATIONS (E.G., GBFB, CRCH, BSHC, ETC.) TO PROMOTE ACCESSIBLE/AFFORDABLE HEALTHY FOOD INCLUDING HEALTHY INCENTIVES PROGRAM, FARMERS MARKETS, AND COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM- INCREASE ACCESS TO HEALTHY FOOD CH</p>

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT ADDRESSING COMMUNITY HEALTH NEEDS	<p>OICES AVAILABLE AT BIDMC FOR PATIENTS AND STAFF- SUPPORT HEALTHY CHAMPIONS, A GROUP OF TEE NAGERS IN HEALTHY COOKING AND EDUCATION WORKSHOPS AT BSHCMETRICS AND STATUS UPDATE - NUMBE R OF SCHOOLS, COMMUNITY GROUPS, AND PRIMARY CARE SETTINGS PARTICIPATING IN WALKING PROGRAM S AND OTHER PHYSICAL ACTIVITY GROUPS (FY17 44 PUBLIC SCHOOLS WITH 7,175 CHILDREN AND 1,00 0 SCHOOL STAFF, FY18 46 PUBLIC SCHOOLS AND 17 AFTER SCHOOL PROGRAMS WITH 4,335 CHILDREN A ND 1,000 SCHOOL STAFF)- NUMBER OF FAMILIES PARTICIPATING IN CSA (FY17 30 FAMILIES, FY18 23)- PERCENTAGE OF BIDMC TOTAL FOOD AND BEVERAGE SPEND ON LOCAL PRODUCTS (FY18 4 5%)- PER CENTAGE OF BIDMC TOTAL BEVERAGE SPEND ON HEALTHY BEVERAGES (FY18 43 6%) - NUMBER OF HOSTE D HEALTHY CHAMPIONS (FY17 15 HEALTHY CHAMPIONS, FY 18 15 HEALTHY CHAMPIONS)- NUMBER OF C HILDREN SEEN AT AFFILIATED HEALTH CENTERS THAT WERE SCREENED FOR BMI (FY17 7,650 (75%)), FY18 10,245 CHILDREN (65%))- NUMBER OF CHILDREN ENROLLED IN FITNESS IN THE CITY (FY18 43 CHILDREN)- NUMBER OF UNDUPLICATED INDIVIDUALS ACCESS MOBILE MARKET AT CRCH (FY18 445)COM MUNITY PARTNERS COMMUNITY CARE ALLIANCE, BOSTON PUBLIC HEALTH COMMISSION, BOSTON ALLIANCE FOR COMMUNITY HEALTH, BOWDOIN STREET HEALTH CENTER, BOSTON PUBLIC SCHOOLS, DAILY TABLE, , CHARLES RIVER COMMUNITY HEALTH, MAYOR'S OFFICE OF FOOD INITIATIVESGOAL PROMOTE VIOLENCE PREVENTION (SAFE NEIGHBORHOODS AND COMMUNITY COHESION)TARGET POPULATION CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES 2 1 INCREASE ACCESS TO MENTAL HEALTH SERVICES AT BSHC FOR A FFFECTED VICTIMS2 2 MAINTAIN PARTICIPATION IN ADVOCATE EDUCATION AND SUPPORT PROJECT2 3 PRO VIDE COUNSELING AND OTHER MEDICAL SERVICES TO SEXUAL ASSAULT VICTIMS2 4 PROVIDE GRIEVING S UPPORT ACTIVITIES2 5 CONDUCT NEIGHBORHOOD CAMPAIGNS TO ENGAGE COMMUNITY AND CREATE GREATER COMMUNITY COHESIONCOMMUNITY ACTIVITIES/STRATEGIES - SUPPORT PROGRAMS IN BSHC THAT INTEGR ATE SERVICES PROVIDED BY BEHAVIORAL HEALTH SPECIALISTS AND MONITOR, ASSESS, AND TREAT THOS E EXPERIENCING TRAUMA FROM VIOLENCE- HOLD HEALING SERVICES WHEN APPROPRIATE FOR COMMUNITY RESIDENTS- PARTICIPATE IN COMMUNITY INTERVENTIONS THAT RAISE AWARENESS ABOUT VIOLENCE, ENG AGE THE COMMUNITY, ADDRESS FACTORS ASSOCIATED WITH VIOLENCE (E G , "BROKEN WINDOW" THEORY, BLOCK CAPTAINS PROGRAM, ETC), AND PROMOTE A SENSE OF COMMUNITY- SUPPORT AND PROMOTE THE IMPLEMENTATION OF TRAINING PROGRAMS, SUPPORT GROUPS FOR ADVOCATES AND AFFECTED COMMUNITY M EMBERS- PROVIDE OVERNIGHT STAYS FOR DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT VICTIMS WITHOU T SAFE SHELTER- CONDUCT PUBLIC POLICY ADVOCACY FOR SAFE SHELTERS AND LONG-TERM HOUSING SUP PORT- EMPOWER YOUTH TO DEVELOP LEADERSHIP SKILLS, PREVENT VIOLENCE AND CREATE CHANGE IN TH EIR COMMUNITY THROUGH THE YOUTH LEADERSHIP PROGRAM AT BOWDOIN STREET HEALTH CENTERMETRICS AND STATUS UPDATE - NUMBER OF SEXUAL ASSAULT VICTIMS RECEIVING SERVICES (FY17 PROVIDE SE RVICES, INCLUDING COUNSELING FOR 75 SEXUAL ASSAULT VICTIMS PROVIDE POST-HIV EXPOSURE PROP HYLAXIS MEDICATIONS TO 49 SEXUAL ASSAULT VICTIMS, FY18 PROVIDE SERVICES, INCLUDING COUNSELING FOR 62 SEXUAL ASSAULT VICTIMS PROVIDE POST-HIV EXPOSURE PROPHYLAXIS MEDICATIONS TO 3 5 SEXUAL ASSAULT VICTIMS)- NUMBER OF SAFE BED OVERNIGHT STAYS (FY17 59, FY18 33)- NUMBE R HEALING CIRCLES HELD WITH WOMEN, MEN, AND CHILDREN (FY17 57, FY18 58)- NUMBER OF BOWDO IN GENEVA YOUTH PARTICIPATING IN THE BSHC YOUTH LEADERSHIP PROGRAM (FY17 25, FY18 22)- P ERCENTAGE OF YOUTH IN BSHC YOUTH LEADERSHIP PROGRAM WHO HAD A POSITIVE INCREASE ON A KNOWL EDGE AND ATTITUDE TEST BEFORE AND AFTER THE PROGRAM (FY18 DATA NOT YET AVAILABLE)COMMUNIT Y PARTNERS BOWDOIN STREET HEALTH CENTER (BSHC), BOSTON PUBLIC HEALTH COMMISSION, OTHER BO WDOIN/ GENEVA NEIGHBORHOOD ORGANIZATIONS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
GOAL SUPPORT WORKFORCE DEVELOPMENT AND CREATION OF EMPLOYMENT OPPORTUNITIES	TARGET POPULATION YOUTH, YOUNG ADULTS, ADULTS, BIDMC EMPLOYEESPROGRAMMATIC OBJECTIVES 3 1 ORGANIZE AND SUPPORT PIPELINE PROGRAMS TO ENHANCE SKILLS AND CAREER ADVANCEMENT 3 2 PROVIDE OPPORTUNITIES THROUGH EMPLOYEE CAREER INITIATIVE (ECI) FOR COLLEGE-LEVEL COURSES AS WELL AS COUNSELING 3 3 OFFER ESOL CLASSES, GED CLASSES, A BASIC COMPUTER SKILLS COURSE, CITIZENSHIP CLASSES, AND A FINANCIAL LITERACY CLASS 3 4 PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR COMMUNITY RESIDENTS3 5 PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR MIDDLE AND HIGH SCHOOL STUDENTS3 6 CONTINUE TRAIN4CHANGE AT BSHC3 7 IMPLEMENT AND EXPAND LEARN AND EARN PROGRAM THROUGH BUNKER HILL COMMUNITY COLLEGECOMMUNITY ACTIVITIES/STRATEGIES - ORGANIZE AND SUPPORT PIPELINE PROGRAMS TO ENHANCE SKILLS AND CAREER ADVANCEMENT - PROVIDE OPPORTUNITIES THROUGH EMPLOYEE CAREER INITIATIVE (ECI) FOR COLLEGE-LEVEL COURSES AS WELL AS COUNSELING - OFFER ESOL CLASSES, GED CLASSES, A BASIC COMPUTER SKILLS COURSE, CITIZENSHIP CLASSES, AND A FINANCIAL LITERACY CLASS - PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR COMMUNITY RESIDENTS- PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR MIDDLE AND HIGH SCHOOL STUDENTS- CONTINUE TRAIN4CHANGE AT BSHC- IMPLEMENT AND EXPAND LEARN AND EARN PROGRAM THROUGH BUNKER HILL COMMUNITY COLLEGEOMETRICS AND STATUS UPDATE - NUMBER OF PIPELINE PROGRAMS OFFERED (FY17 4, FY18 6)- NUMBER OF PARTICIPANTS IN PIPELINE PROGRAM (FY17 31, FY18 36)- NUMBER OF PARTICIPANTS GRADUATED FROM PIPELINE PROGRAMS (FY17 21, FY18 25)- NUMBER OF EMPLOYEES RECEIVING ECI SERVICES (FY17 707, FY18 651)- NUMBER OF EMPLOYEES ENROLLED IN ESOL CLASSES (FY17 19, FY18 30)- NUMBER OF EMPLOYEES PARTICIPATING IN COMPUTER SKILLS, CITIZENSHIP, AND FINANCIAL LITERACY CLASSES (FY17 107 EMPLOYEES PARTICIPATED IN A 10-WEEK COMPUTER SKILLS CLASS, 11 ATTENDED CITIZENSHIP CLASSES AND 123 ATTENDED A FINANCIAL LITERACY CLASS, FY18 98 IN COMPUTER SKILLS CLASSES (NOT 10 WEEKS), 12 IN CITIZENSHIP CLASSES, 20 IN FINANCIAL LITERACY PROGRAM)- NUMBER OF ADULT INTERNS PLACED (FY17 8, FY18 8)- NUMBER OF ADULT INTERNS HIRED AFTER INTERNSHIPS (FY17 3 FY18 1)- NUMBER OF REFERRALS/RECOMMENDATIONS GIVEN ON BEHALF OF INTERNS SEEKING JOBS AT LOCAL COMMUNITY ORGANIZATIONS (FY17 81, FY18 38)- NUMBER OF PARTICIPANTS IN BSHC'S TRAIN4CHANGE (FY17 4, FY18 4)- NUMBER OF INTERNS HIRED FROM BUNKER HILL COMMUNITY COLLEGE'S LEARN AND EARN PROGRAM (FY17 1, FY18 2)- NUMBER OF SUMMER JOB OPPORTUNITIES PROVIDED (FY17 41, FY18 43)- NUMBER OF SCHOOL INTERNS HIRED (FY17 3, FY18 3)- NUMBER OF BOSTON PUBLIC SCHOOL STUDENTS HOSTED FOR PIC'S ANNUAL JOB SHADOW DAY (FY17 31, FY18 31)- NUMBER OF MEDICAL CHAMPIONS MENTORED (FY17 10, FY18 12)- NUMBER OF HIGH SCHOOL STUDENTS HOSTED IN SUMMER HEALTH CORPS PROGRAM (FY17 41, FY18 42)COMMUNITY PARTNERS BIDMC ADMIN AND CLINICAL STAFF, BOSTON PUBLIC SCHOOLS, BOSTON PRIVATE INDUSTRY COUNCIL (PIC), BOWDOIN STREET HEALTH CENTER, BUNKER HILL COMMUNITY COLLEGE, JEWISH VOCATIONAL SERVICES (JVS), ONE-STOP CAREER CENTER, ST MARY'S CENTER FOR WOMEN AND CHILDRENGOAL PROMOTE ENVIRONMENTAL SUSTAINABILITYTARGET POPULATION CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES 4 1 REDUCE ENERGY AND WATER CONSUMPTIONCOMMUNITY ACTIVITIES/STRATEGIES - IMPLEMENT ENVIRONMENTAL STRATEGIC PLAN- PROMOTE RECYCLING, COMPOSTING, AND CONSERVATION OF WATER AND ENERGY THROUGHOUT BIDMC- REDUCE GREENHOUSE GAS EMISSIONS AND INCREASE DIVERSION RATE AT BIDMCMETRICS AND STATUS UPDATE - GREEN CHEMICAL CLEANING PRODUCT SPEND AT BIDMC (GOAL 50% SPEND BY 2019)- GREENHOUSE GAS (GOAL REDUCE EMISSIONS BY 25% BY 2020)- DIVERSION RATE (FY18 44 6%)COMMUNITY PARTNERS MASCO, HEALTH CARE WITHOUT HARM, PRACTICE GREEN HEALTH, EPA, BOSTON GREEN RIBBON COMMISSION, BIDMC ENVIRONMENTAL SUSTAINABILITY COMMITTEEGOAL PROMOTE TRANSPORTATION EQUITY TARGET POPULATION YOUTH, ADULTS, BIDMC EMPLOYEESPROGRAMMATIC OBJECTIVES 5 1 PROMOTE TRANSPORTATION EQUITY FOR EMPLOYEES AND PATIENTS AT BIDMC COMMUNITY ACTIVITIES/STRATEGIES GREEN COMMUTING AT BIDMC - PARTICIPATE IN REGIONAL TRANSPORTATION PLANNING AND/OR MAINTAIN MEMBERSHIP IN TRANSPORTATION MANAGEMENT ASSOCIATION - PROVIDE BIKE RACKS, BIKE PATHS, WALKWAYS AND SHOWER FACILITIES FOR ALTERNATIVE COMMUTERS- INSTALL ELECTRIC VEHICLE CHARGING STATIONS- PROVIDE OR OUTSOURCE SHUTTLE/VANPOOL, CARPOOL OR RIDE-SHARING SERVICES- OFFER TELEWORK, COMPRESSED WORK SCHEDULES TO REDUCE EMPLOYEE COMMUTING- PROVIDE VOUCHERS OR SUBSIDIES FOR PUBLIC TRANSIT, RIDE-AND-BIKE-SHARING SERVICES- PROVIDE PREFERRED PARKING FOR CARPOOL PARTICIPANTS AND LOW-EMISSION, FUEL-EFFICIENT VEHICLESREDUCE TRANSPORTATION BARRIER FOR PATIENTS ACCESSING CARE AT BIDMC- KIT CLARK SENIOR SERVICES- MAYOR'S CANCER RIDE PROGRAM METRICS AND STATUS UPDATE - NUMBER OF EMPLOYEES COMMUTING TO WORK VIA PUBLIC TRANSPORT, CAR, BIKE, WALKING, OTHER (FY18 DATA NOT AVAILABLE)- NUMBER OF TAXI OR CHAIR CAR VOUCHERS PROVIDED TO PATIENTS BY BIDMC (1,671 TAXI RIDES PROVIDED IN FY18)

Form and Line Reference	Explanation
<p>PRIORITY AREA 2 CHRONIC DISEASE MANAGEMENT</p>	<p>HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E G , HEART DISEASE, HYPERTENS ION, CANCER, AND ASTHMA) THE ASSESSMENT'S QUANTITATIVE DATA CLEARLY SHOWS THAT MANY COMMUNITIES IN BIDMC'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E G , HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA) IN MANY COMMUNITIES THESE RATES ARE STATISTICALLY HIGHER THAN COMMONWEALTH RATES, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM. HOWEVER, EVEN FOR THOSE COMMUNITIES WHERE THE RATES ARE NOT STATISTICALLY HIGHER, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH. LIMITED ACCESS TO CANCER SCREENING FOR RACIAL/ETHNIC DIVERSITY AND OTHER AT-RISK POPULATIONS. MANY OF THE COMMUNITIES THAT ARE PART OF BIDMC'S CBSA HAVE HIGH CANCER MORTALITY RATES. THIS IS PARTICULARLY TRUE FOR CERTAIN CANCERS IN SPECIFIC COMMUNITIES IN SPECIFIC BOSTON NEIGHBORHOODS, SUCH AS ROXBURY, DORCHESTER, AND SOUTH END/CHINATOWN THAT HAVE A HIGH PROPORTION OF RACIAL/ETHNIC DIVERSITY. AT THE ROOT OF ADDRESSING HIGH MORTALITY IS SCREENING, EARLY DETECTION AND ACCESS TO TIMELY TREATMENT. HIGH RATES OF HIV/AIDS PARTICULARLY ON THE OUTER PORTION OF CAPE COD AND IN A NUMBER OF BOSTON NEIGHBORHOODS THAT ARE PART OF BIDMC'S CBSA. GREAT STRIDES HAVE BEEN MADE IN CONTROLLING AND MANAGING HIV/AIDS, AND FOR MANY IT IS MANAGED AS A CHRONIC CONDITION WITH MEDICATIONS. RATES OF ILLNESS, DEATH, AND HIV TRANSMISSION DECLINED OVERALL IN THE PAST DECADE. HOWEVER, HIV/AIDS STILL HAS A MAJOR IMPACT ON CERTAIN SEGMENTS OF THE POPULATION, INCLUDING MEN WHO HAVE SEX WITH MEN AND INJECTION DRUG USERS. IN BIDMC'S CBSA, RATES OF HIV/AIDS ARE PARTICULARLY HIGH IN THE OUTER PORTION OF CAPE COD AND A NUMBER OF BOSTON'S NEIGHBORHOODS. KEY BASELINE 2017, YEAR 1 2018, YEAR 2 2019 GOAL IMPROVE CHRONIC DISEASE MANAGEMENT TARGET POPULATION LOW INCOME ADULTS PROGRAMMATIC OBJECTIVES 1 1 INCREASE THE NUMBER OF ADULTS WHO RECEIVE EDUCATION AND COUNSELING REGARDING RISK FACTORS, HEALTHY BEHAVIORS TO INCREASE CHRONIC DISEASE HEALTH LITERACY 1 2 INCREASE THE NUMBER OF ADULTS SCREENED FOR DIABETES, HYPERTENSION, HIV/AIDS, AND ASTHMA 1 3 INCREASE THE NUMBER OF ADULTS WITH DIABETES, HYPERTENSION, HIV/AIDS, AND PERSISTENT ASTHMA WHO RECEIVE EVIDENCE-BASED COUNSELING/ COACHING AND TREATMENT 1 4 INCREASE THE NUMBER OF ADULTS WITH DIABETES, HYPERTENSION, HIV/AIDS, AND PERSISTENT ASTHMA WHOSE CONDITIONS ARE MONITORED AND CONTROLLED COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT PROGRAMS IN CCA HEALTH CENTERS INCLUDING LIVE AND LEARN DIABETES AT CRCH THAT EDUCATE AND SCREEN PATIENTS FOR DIABETES, HYPERTENSION, AND PERSISTENT ASTHMA - SUPPORT PROGRAMS IN CCA CLINICS INCLUDING LIVE AND LEARN DIABETES AT CRCH THAT EDUCATE AND SCREEN PATIENTS FOR DIABETES, HYPERTENSION, AND PERSISTENT ASTHMA- PROVIDE EVIDENCE-BASED COUNSELING/COACHING AND TREATMENT, AS WELL AS APPROPRIATE REFERRALS FOR SPECIALTY CARE SERVICES FOR THOSE WHO SCREEN POSITIVE FOR DIABETES, HYPERTENSION, HIV/AIDS, AND ASTHMA- PROVIDE SCREENING, EDUCATION/COUNSELING, AND TREATMENT SERVICES HIV/AIDS AND HIV/HCV CO-INFECTION- SUPPORT GROUPS FOR MEN AND WOMEN LIVING WITH HIV/AIDS- SUPPORT PRIMARY CARE PROVIDER EDUCATION AT CRCH IN THE AREA OF DIABETES MANAGEMENT METRICS AND STATUS UPDATE - NUMBER OF HIV/AIDS PATIENTS EDUCATED/COUNSELED, AND TREATED FOR HIV (FY17 2,577, FY18 2,705) PERCENTAGE OF HIV POSITIVE PATIENTS SCREENED FOR HCV (FY17 99%, FY18 98%) NUMBER OF BSHC PATIENTS PARTICIPATING IN DISEASE MANAGEMENT PROGRAMS (FY17 900, FY18 1,015) PERCENTAGE OF CCA FQHC PATIENTS WITH DIABETES WITH HBA1C < 9 (FY17 79%, FY18 70%) PERCENTAGE OF CCA FQHC PATIENTS WITH HYPERTENSION WHO HAD A BLOOD PRESSURE < 140/90 (FY17 62.4%, FY18 65.5%)- PERCENTAGE OF CCA FQHC PERSISTENT ASTHMATIC PATIENTS WITH PHARMACOLOGICAL THERAPY (FY17 86%, FY18 94.7%)- NUMBER OF GROUPS CONVENED FOR HIV/AIDS SUPPORT GROUPS FY17 AND FY18 CONTINUED EXPERIENCED AND POSITIVE GROUP FOR GAY MEN WHO HAVE ADVANCED AIDS - 22 SESSIONS, 2 HOURS PER SESSION, 9 (FY17) AND 8 (FY18) PARTICIPANTS AND SUPPORT GROUP FOR HIV+ WOMEN - 22 SESSIONS, 2 HOURS PER SESSION, 8 PARTICIPANTS)- IMPROVE CARE MANAGEMENT FOR BSHC PATIENTS WITH CHRONIC DISEASE BSHC PATIENTS THAT HAD AT LEAST ONE HBA1C TEST (FY17 87.5%, FY18 83.9%) BSHC PATIENTS THAT HAD AT LEAST ONE LDL TEST (FY17 56%, FY18 66%) BSHC PATIENTS THAT HAD AT LEAST ONE EYE EXAM (FY17 38.9%, FY18 50.2%) - IMPROVE CARE MANAGEMENT FOR BSHC PATIENTS WITH CHRONIC DISEASE BSHC PATIENTS THAT HAD AT LEAST ONE HBA1C TEST (FY17 87.5%, FY18 83.9%) BSHC PATIENTS THAT HAD AT LEAST ONE LDL TEST (FY17 56%, FY18 66%) BSHC PATIENTS THAT HAD AT LEAST ONE EYE EXAM (FY17 38.9%, FY18 50.2%) COMMUNITY PARTNERS CCA HEALTH CENTERS, JOSLIN DIABETES CENTER GOAL IMPROVE CARE TRANSITIONS FOR THOSE WITH CHRONIC HEALTH CONDITIONS TARGET POPULATION ELDER ADULTS, LOW INCOME ADULTS PROGRAMMATIC OBJECTIVES 2 1 IMPROVE CARE TRANSITIONS FROM THE INPATIENT HOSPITAL SETTING TO OTHER CARE SETTINGS, TO IMPROVE QUALITY OF CARE</p>

Form and Line Reference	Explanation
PRIORITY AREA 2 CHRONIC DISEASE MANAGEMENT	<p>AND TO REDUCE READMISSIONS FOR HIGH-RISK PATIENTS COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT PREVENTABLE ADMISSIONS CARE TEAM (PACT) PROGRAM METRICS AND STATUS UPDATE - NUMBER OF HEALTH CENTER PATIENTS ENROLLED IN PACT PROGRAM - NUMBER OF MEDICAID PATIENTS ENROLLED IN PACT PROGRAM COMMUNITY PARTNERS CCA HEALTH CENTERS GOAL INCREASE CANCER SCREENING AND SUPPORT CANCER PATIENTS/CAREGIVER TARGET POPULATION LOW INCOME AND RACIAL/ETHNIC DIVERSE ADULTS PROGRAMMATIC OBJECTIVES 3.1 MAINTAIN AND INCREASE THE NUMBER OF LOW INCOME AND RACIAL/ETHNIC DIVERSE ADULTS EDUCATED AND SCREENED FOR CANCER 3.2 MAINTAIN AND INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE REFERRED FOR EDUCATION, COUNSELING AND TREATMENT 3.3 MAINTAIN AND INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE LINKED TO A CANCER NAVIGATOR COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT ACCESS TO CANCER SCREENING AND TREATMENT FOR LOW INCOME, UNINSURED ADULTS (BREAST, PROSTATE, COLON, AND LUNG, CANCERS), INCLUDING MAMMOGRAMS, COLORECTAL SCREENING, AND LUNG CT SCANS - SUPPORT AND PROMOTE THE CITY-WIDE CANCER NAVIGATORS PROGRAM- LINK PATIENTS SCREENED POSITIVE FOR CANCER TO CANCER PATIENT NAVIGATORS- SUPPORT SURVIVOR SELF-PORTRAIT AND TESTIMONIES ACTIVITIES TO REDUCE STIGMA IN COMMUNITIES- PROVIDE EMOTIONAL CANCER PEER SUPPORT PROGRAMS SUCH AS THE PATIENT-TO-PATIENT AND HEART-TO-HEART PROGRAM- COLLABORATE WITH THE HARVARD CATALYST TO TRANSLATE RESEARCH INTO PRACTICE METRICS AND STATUS UPDATE INCREASE ACCESS TO PATIENT NAVIGATORS- NUMBER OF PATIENTS SERVED BY CHINESE PATIENT NAVIGATOR (FY17 469, FY18 495)- NUMBER OF ENCOUNTERS PROVIDED BY CHINESE PATIENT NAVIGATOR (FY17 2,279, FY18 2,350)- NUMBER OF PATIENT SERVED BY LATINA PATIENT NAVIGATOR (FY17 231, FY18 PROGRAM ENDED)- NUMBER OF ENCOUNTERS PROVIDED BY LATINA PATIENT NAVIGATOR (FY17 395, FY18 PROGRAM ENDED)- NUMBER OF PATIENT NAVIGATORS PARTICIPATING IN QUARTERLY NETWORK MEETINGS (FY17 21, FY18 24)- NUMBER OF MAMMOGRAMS PROVIDED FOR LOW-INCOME WOMEN IN FENWAY, OUTER CAPE, AND SOUTH COVE (FY17 6,368, FY18 5,322)- NUMBER OF COLON CANCER SCREENINGS PROVIDED FOR LOW-INCOME PATIENTS (FY17 1,492, FY18 1,896)- NUMBER OF PATIENTS SCREENED FOR LUNG CANCER (FY17 100, FY18 950)- NUMBER OF PATIENTS PARTICIPATING IN CANCER PEER SUPPORT PROGRAMS (FY17 172, FY18 DATA NOT AVAILABLE) COMMUNITY PARTNERS CCA HEALTH CENTERS, CANCER NAVIGATOR PROGRAM, DANA FARBER HARVARD CANCER CENTER (DFHCC)</p>

Form and Line Reference	Explanation
<p>GOAL SUPPORT OLDER ADULTS TO AGE IN PLACE</p>	<p>TARGET POPULATION OLDER ADULTS PROGRAMMATIC OBJECTIVES 4 1 REDUCE INAPPROPRIATE READMISSIONS FOR OLDER ADULTS 4 2 REDUCE ELDERLY FALLS 4 3 REDUCE SOCIAL ISOLATION COMMUNITY ACTIVITIES/STRATEGIES - INCREASE STRENGTH AND REDUCE THE RISK OF FALLS- OFFER HEALTH AND WELLNESS PROGRAMMING - OTHER PROGRAMS WITH HSL (PENDING) METRICS AND STATUS UPDATE - NUMBER OF ADULTS ENROLLED IN TAI CHI CLASSES AT BSHC (FY17 29, FY18 104 TAI CHI CLASSES HELD) COMMUNITY PARTNERS BIDMC STAFF AND CLINICIANS, KIT CLARK SENIOR SERVICES, CCA HEALTH CENTERS, OTHER COMMUNITY PROVIDER, HEBREW SENIOR LIFE PRIORITY AREA 3 ACCESS TO CARE LIMITED ACCESS TO PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH CARE SERVICES FOR LOW INCOME, MEDICAID INSURED, UNINSURED, AND OTHER VULNERABLE POPULATIONS FACING HEALTH CARE DISPARITIES AND BARRIERS TO CARE DESPITE THE FACT THAT 1) MASSACHUSETTS HAS ONE OF THE HIGHEST RATES OF HEALTH INSURANCE AND 2) THE COMMUNITIES THAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW INCOME, MEDICAID INSURED, UNINSURED, AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL AND ORAL HEALTH SERVICES EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE, AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH SERVICES BARRIERS TO ACCESS AND DISPARITIES IN HEALTH OUTCOMES CONTINUE TO CHALLENGE THREE SPECIAL POPULATIONS (INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS BASED ON INFORMATION GATHERED PRIMARILY FROM THE INTERVIEWS AND COMMUNITY FORUMS, THE ASSESSMENT IDENTIFIED A NUMBER OF SPECIAL POPULATIONS THAT FACE BARRIERS TO CARE AND DISPARITIES IN ACCESS MORE SPECIFICALLY, INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND THE LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS FACE DISPARITIES IN ACCESS AND OUTCOME AND ARE PARTICULARLY AT-RISK IF THESE DISPARITIES ARE GOING TO BE ADDRESSED THEN CARE NEEDS TO BE TAKEN TO TAILOR IDENTIFICATION/ SCREENING AND PREVENTIVE SERVICES AS WELL AS ACUTE AND CHRONIC DISEASE MANAGEMENT SERVICES FOR THESE SPECIAL POPULATIONS KEY BASELINE 2017, YEAR 1 2018, YEAR 2 2019, YEAR 3 2020 GOAL INCREASE ACCESS TO QUALITY MEDICAL SERVICES, INCLUDING PRIMARY CARE, OB/GYN, AND SPECIALTY CARE IN BOSTON'S NEIGHBORHOODS, QUINCY, AND THE OUTER PORTION OF CAPE COD TARGET POPULATION CHILDREN, YOUTH, ADULTS PROGRAMMATIC OBJECTIVES 1 1 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY MEDICAL CARE SERVICES, INCLUDING OB/GYN SERVICE AT CCA HEALTH CENTERS 1 2 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING SPECIALTY CARE MEDICAL SERVICES 1 3 ENSURE ACCESS TO SERVICES FOR THOSE ON THE OUTER CAPE 1 4 ENSURE ACCESS TO APPROPRIATE TRAUMA CARE AND EMERGENCY SERVICES 1 5 1 1 MAINTAIN OR INCREASE SUPPORT FOR HSN TRUST FUND, AND ADVOCATE FOR LEGISLATION AND POLICIES SUPPORTING PUBLIC HEALTH, MENTAL HEALTH AND SUBSTANCE USE AND ANTI-POVERTY PROGRAMS 1 6 1 2 SCREEN AND ENROLL THOSE WHO QUALIFY FOR HEALTH INSURANCE THROUGH ACA COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT INSTITUTIONAL AND COMMUNITY EMERGENCY PREPAREDNESS - ENSURE CONNECTION TO SPECIALTY CARE THROUGH CARE CONNECTION'S INPATIENT DISCHARGE FOLLOW UP PROGRAM- CARE INTEGRATION THROUGH INFORMATION SHARING VIA PARTICIPATION IN MASS HIWAY AND A HEALTH INFORMATION EXCHANGE- SUPPORT MED-FLIGHT AND COORDINATED EMS IN BOSTON- SUPPORT HSN- CONDUCT "MYSTERY SHOPPING" TO ADDRESS QUALITY IMPROVEMENT- ADMINISTER ASK DEVELOPMENT EVALUATION PROGRAM- SUPPORT RESIDENT ROTATIONS INTO CCA HEALTH CENTERS - EXPLORE SPREADING PACT PROGRAM TO MEDICAID COHORT METRICS AND STATUS UPDATE - NUMBER OF PATIENTS SERVED AT FQHC CCA CLINICS (FY17 106,463, FY18 110,268)- NUMBER OF VISITS PROVIDED AT FQHC CCA CLINICS (FY17 543,713, FY18 551,521)- NUMBER OF PATIENTS WITHOUT INSURANCE SERVICED AT FQHC CCA CLINICS (FY17 11,704, FY18 11,610)- NUMBER OF REFERRALS MADE THROUGH CARE CONNECTION CALL CENTER (FY17 986, FY18 923)- NUMBER OF INDIVIDUALS SCREENED FOR INSURANCE ELIGIBILITY (FY17 9,776 FY18 10,265)- NUMBER OF INDIVIDUALS ENROLLED IN ENTITLEMENT PROGRAMS (FY17 8,716 FY18 9,152)- NUMBER OF PATIENTS SUPPORTED THROUGH HSN (FY17 2,603 FY18 3,025)- NUMBER OF MYSTERY SHOPPING SURVEYS COMPLETED (FY17 72, FY18 72)- NUMBER OF PRESCRIPTIONS FILLED FOR INDIGENT PATIENTS (FY18 5,452) COMMUNITY PARTNERS CCA HEALTH CENTERS, BIDMC GOAL INCREASE ACCESS TO QUALITY ORAL HEALTH TARGET POPULATION CHILDREN, YOUTH, ADULTS PROGRAMMATIC OBJECTIVES 2 1 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY DENTAL CARE SERVICES AT CCA HEALTH CENTERS 2 2 CONDUCT PUBLIC POLICY ADVOCACY COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT MEDICAL RESIDENTS AT CCA HEALTH CENTERS- SUPPORT HSN METRICS AND STATUS UPDATE - NUMBER OF DENTAL PATIENTS AT FQHC CCA CLINICS (FY17 25,709, FY18 26,720)- NUMBER OF UNIQUE DENTAL VISITS AT FQHC CCA CLINICS (FY17 80,622, FY18 83,45</p>

Form and Line Reference	Explanation
GOAL SUPPORT OLDER ADULTS TO AGE IN PLACE	<p>0)COMMUNITY PARTNERS CCA HEALTH CENTERSGOAL INCREASE QUALITY AND EFFICIENCY OF CLINICAL SERVICES AT CCA HEALTH CENTERSTARGET POPULATION CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES 3 1 MAINTAIN AND INCREASE THE NUMBER OF PROVIDERS AT CCA HEALTH CENTERSCOMMUNITY ACTIVITIES/STRATEGIES - SUPPORT MEDICAL RESIDENTS AT CCA HEALTH CENTERS METRICS AND STATUS UPDATE - NUMBER OF MEDICAL RESIDENTS PLACED AT CCA HEALTH CENTERS (FY17 34, FY18 31) COMMUNITY PARTNERS CCA HEALTH CENTERSGOAL PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WITH LIMITED ENGLISH PROFICIENCYTARGET POPULATION CHILDREN, YOUTH, ADULTSPROGRAMMATIC OBJECTIVES 4 1 CONTINUE INTERPRETER SERVICES PROGRAM4 2 EDUCATE STAFF/CLINICIANS IN HEALTH EQUITY PRINCIPLES4 3 PROMOTE HEALTH EQUITY, HEALTH LITERACY, CULTURAL COMPETENCE ACROSS CCA HEALTH CENTERS COMMUNITY ACTIVITIES/STRATEGIES - UNDERSTAND CULTURAL IMPACTS ON HEALTH CARE DELIVERY, HEALTH STATUS AND HEALTH OUTCOMES- EXPLORE AVAILABLE TOOLS AND RESOURCES TO FACILITATE CROSS-CULTURAL COMMUNICATION- EXPLORE OPPORTUNITIES FOR CCA HEALTH CENTERS IN THEIR EFFORTS TO BECOME HEALTH LITERATE ORGANIZATIONS- IMPROVE ACCESSIBILITY OF INTERPRETER SERVICES FOR LEP PATIENTSMETRICS AND STATUS UPDATE - NUMBER OF LEP PATIENTS SERVED AT BIDMC (FY 17 237,255 IN 73 LANGUAGES, FY18 229,547 IN 81 LANGUAGE) - NUMBER OF PATIENTS BEST SERVED IN LANGUAGE OTHER THAN ENGLISH AT FQHC CCA CLINICS (FY17 43,900, FY18 44,988)- NUMBER OF PATIENTS OF DIVERSE RACE/ETHNICITY SERVED AT CCA CLINICS (FY17 68,682)- NUMBER OF PATIENTS OF DIVERSE RACE/ETHNICITY SERVED AT CCA HEALTH CENTERS (FY17 68,682, FY18 71,045)COMMUNITY PARTNERS CCA HEALTH CENTERSGOAL PROMOTE GREATER HEALTH EQUITY AND REDUCE DISPARITIES IN ACCESS FOR LGBT POPULATIONSTARGET POPULATION LGBT POPULATIONPROGRAMMATIC OBJECTIVES 5 1 REDUCE DISPARITIES5 2 PROMOTE HEALTH EQUITY COMMUNITY ACTIVITIES/STRATEGIES - EXPLORE HOW TO BEST IMPLEMENT SEXUAL ORIENTATION/GENDER IDENTITY APPROPRIATE POLICIES AND PROCEDURES- CONTINUE JOINT RESIDENCY PROGRAM WITH FENWAY HEALTH - SUPPORT PRIDE CELEBRATION- SUPPORT EFFORTS TO ACHIEVE HEALTHCARE EQUALITY INDEX (HEI) RECOGNITION (E.G., SIGNAGE AND PATIENT SELF-IDENTIFICATION OF SEXUAL ORIENTATION)METRICS AND STATUS UPDATE - ESTABLISH SOGI TASKFORCE- NUMBER OF LGBT PATIENTS SEEN AT FQHC CCA CLINICS (PATIENTS THAT IDENTIFY AS OTHER THAN STRAIGHT FY17 12,061, FY18 13,600, PATIENTS THAT IDENTIFY AS TRANSGENDER (FY17 1,549, FY18 1,916)COMMUNITY PARTNERS CCA HEALTH CENTERS, GLAD LEGAL ADVOCATES & DEFENDERS FOR THE LGBTQ COMMUNITY, HARVARD MEDICAL SCHOOL, HEALTHCARE EQUALITY INDEX, HUMAN RIGHTS CAMPAIGN</p>

Form and Line Reference	Explanation
<p>PRIORITY AREA 4 BEHAVIORAL HEALTH</p>	<p>HIGH RATES OF SUBSTANCE USE (E G , ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E G , DEPRESSION, ANXIETY, AND STRESS) IF THE IMPACT OF SOCIAL DETERMINANTS WAS THE LEADING FINDING OF THE CHNA, A CLOSE SECOND WAS THE PROFOUND IMPACT THAT BEHAVIORAL HEALTH ISSUES (I E , SUBSTANCE USE AND MENTAL HEALTH) ARE HAVING ON INDIVIDUALS, FAMILIES AND COMMUNITIES IN EVERY GEOGRAPHIC REGION AND EVERY POPULATION SEGMENT IN BIDMC'S CBSA. DEPRESSION/ANXIETY, SUICIDE, OPIOID AND PRESCRIPTION DRUG DEPENDENCY, AND ALCOHOL AND MARIJUANA USE, PARTICULARLY IN YOUTH, ARE MAJOR HEALTH ISSUES AND ARE HAVING A TREMENDOUS IMPACT ON THE POPULATION AS WELL AS A BURDEN ON THE SERVICE SYSTEM. THE FACT THAT PHYSICAL AND BEHAVIORAL HEALTH ARE SO INTERTWINED COMPOUNDS THE IMPACT OF THESE ISSUES. OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID ABUSE IN THE COMMONWEALTH LIMITED ACCESS TO BEHAVIORAL HEALTH SERVICES, PARTICULARLY FOR LOW INCOME, MEDICAID INSURED, UNINSURED, AND THOSE WITH COMPLEX, MULTI-FACETED ISSUES. DESPITE THE BURDEN OF MENTAL HEALTH AND SUBSTANCE USE ON ALL SEGMENTS OF THE POPULATION, THERE IS AN EXTREMELY LIMITED SERVICE SYSTEM AVAILABLE TO MEET THE NEEDS THAT EXIST FOR THOSE WITH ALL MILD TO MODERATE EPISODIC ISSUES OR THOSE WITH MORE SERIOUS AND COMPLEX, CHRONIC CONDITIONS. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE (INCLUDING STIGMA), AND IMPROVE THE QUALITY OF PRIMARY CARE AND SPECIALIZED BEHAVIORAL HEALTH SERVICES. KEY BASELINE 2017, YEAR 1 2018, YEAR 2 2019, YEAR 3 2020 GOAL: PROMOTE BEHAVIORAL HEALTH (BH)/PRIMARY CARE INTEGRATION. TARGET POPULATION: CHILDREN, YOUTH, ADULTS. PROGRAMMATIC OBJECTIVES: 1.1 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THE PRIMARY CARE SETTING IN CCA HEALTH CENTERS. 1.2 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY BEHAVIORAL HEALTH CARE SERVICES AT CCA HEALTH CENTERS. 1.3 CONDUCT PUBLIC POLICY ADVOCACY COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT PRIMARY CARE BEHAVIORAL HEALTH INTEGRATION AT CCA HEALTH CENTERS - SUPPORT TELEPHONIC AND ONSITE PSYCHIATRIC CONSULTATION FOR PRIMARY CARE PROVIDERS SERVING THOSE WITH BH CONDITIONS - PROVIDE OB/GYN SERVICES FOR WOMEN WITH CHRONIC SUBSTANCE ABUSE ISSUES - PROVIDE CULTURALLY APPROPRIATE MENTAL HEALTH SERVICES FOR THE LATINO COMMUNITY - SUPPORT EDUCATIONAL OPPORTUNITIES ON CULTURAL PSYCHIATRY FOR SPANISH SPEAKING MENTAL HEALTH PROVIDERS - CONTINUE SBIRT IN BIDMC'S EMERGENCY DEPARTMENT. METRICS AND STATUS UPDATE - NUMBER OF PATIENTS ACCESSING BH SERVICES IN FQHC CCA HEALTH CENTERS (FY17 8,658, FY18 9,599) - NUMBER OF PCPS PARTICIPATING IN BH CONSULTATION PROGRAM AT CHARLES RIVER COMMUNITY HEALTH (FY17 11, FY18 13). COMMUNITY PARTNERS: CCA HEALTH CENTERS. GOAL: REDUCE BURDEN OF OPIOID USE. TARGET POPULATION: ADULTS. PROGRAMMATIC OBJECTIVES: 2.1 INCREASE THE NUMBER OF ADULTS WITH SUBSTANCE ISSUES WHO ARE APPROPRIATELY MONITORED, ASSESSED, AND TREATED IN CCA HEALTH CENTERS. 2.2 INCREASE THE NUMBER OF PATIENTS RECEIVING DETOX SERVICES. COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT THE DEVELOPMENT OF SUBOXONE CLINICS IN HCA AND A "BRIDGING" CLINIC FOR NON-HCA PATIENTS (2 SESSIONS EACH) - SUPPORT THE RECRUITMENT OF AN ADDICTION PSYCHIATRIST, PSYCHE-NP, LCSW, AND ADMINISTRATIVE SUPPORT PERSON TO DEVELOP A CORE ADDICTIONS COMPETENCY - SUPPORT THE DEVELOPMENT OF A BIDMC ADDICTIONS ADVISORY GROUP - SUPPORT THE EXPANSION OF THE DIMOCK INPATIENT DETOX FACILITY. METRICS AND STATUS UPDATE - OPEN/BUILD DIMOCK'S INPATIENT DETOX PROGRAM - OPENED ON APRIL 3RD, 2018. NUMBER OF ADDICTION SPECIALISTS HIRED - BIDMC'S ADDICTION TREATMENT TEAM, ESTABLISHED IN FY2017, INCLUDES ADDICTION SPECIALIZED PSYCHIATRY, NURSING, AND SOCIAL WORK. THIS TEAM FOCUSES ON THE CARE OF PATIENTS WITH SUBSTANCE USE DISORDERS IN ALL SETTINGS ACROSS THE MEDICAL CENTER. THE GOAL OF THE ADDICTION TREATMENT TEAM IS TO HELP BIDMC PHYSICIANS AND STAFF PROVIDE THE RIGHT CARE AT THE RIGHT TIME TO PATIENTS WITH SUBSTANCE USE DISORDER. THE TEAM IS COMPRISED OF - AN PHYSICIAN ADDICTION SPECIALIST, PSYCHIATRY, - AN APN, SPECIALIST IN ADDICTIONS, - A LICSW, SPECIALIST IN ADDICTIONS, AND, - A LICSW, INPATIENT/OUTPATIENT PSYCHOTHERAPY FOR ADDICTIONS ADVISORY GROUP. THE OPIOID CARE COMMITTEE (OCC) LED BY CHAIR BIDMC'S VICE CHAIR FOR EDUCATION, DEPARTMENT OF ANESTHESIA, CRITICAL CARE AND PAIN MEDICINE, IS A SUBCOMMITTEE OF THE MEDICAL EXECUTIVE COMMITTEE. THIS MULTIDISCIPLINARY TEAM WAS ESTABLISHED IN 2016 AS ONE OF BIDMC'S ANNUAL OPERATING PLAN GOALS TO ENSURE A COMPREHENSIVE APPROACH WHEN CONSIDERING SAFE PRESCRIBING OF OPIOIDS, TREATMENT FOR OPIOID USE DISORDERS, AND ALTERNATIVE THERAPIES FOR PAIN MANAGEMENT. THE COMMITTEE ENSURES BIDMC PROVIDERS FOLLOW ESTABLISHED BEST PRACTICES WHEN ASSESSING, PRESCRIBING, TREATING, EDUCATING, AND PROVIDING URGENT AND CONTINUED CARE FOR THE INDIVIDUAL PATIENT WITHIN THE CONTEXT OF OPIOID USE/MISUSE. ESTABLISH SUBOXONE CLINIC - HEALTHCARE ASSOCIATES OPENED OFFICE BASED OPIOID TREATMENT</p>

Form and Line Reference	Explanation
PRIORITY AREA 4 BEHAVIORAL HEALTH	<p>ATMENT (OBOT) CLINIC FOR BUPRENORPHINE IN SUMMER 2017 THIS CLINIC SERVES HCA PATIENTS ONLY - BOWDOIN STREET HEALTH CENTER ESTABLISHED OFFICE BASED OPIOID TREATMENT (OBOT) IN SUMMER 2017 - SUPPORT DIMOCK HEALTH CENTER ACUTE TREATMENT SERVICES (ATS) WHICH IS A 35-BED MEDICALLY MONITORED DETOX UNIT FOR ALCOHOL AND OPIOID USE DISORDERS LOCATED ON THE DIMOCK CENTER'S MAIN CAMPUS ESTABLISH BRIDGING CLINIC- WITH THE OPENING OF THE NEW ADDICTION PSYCHIATRY CLINIC SPACE AND THE ADDITION OF SEVERAL STAFF MEMBERS, BIDMC'S PSYCHIATRIST/PHYSICIAN ADDICTION SPECIALIST AND HIS TEAM ARE ABLE TO OFFER EXPANDED ACCESS TO BRIDGE CLINIC SERVICES FOR PATIENTS BEGINNING TREATMENT FOR OPIOID USE DISORDER WITH MEDICATION ASSISTED THERAPY AN ADDITIONAL BRIDGE CLINIC IS AVAILABLE WITH PROVIDERS AT HEALTH CARE ASSOCIATES ESTABLISH DASHBOARD METRICS- THE INPATIENT OPIOID PRESCRIBING DASHBOARD IS NOW LIVE THE METRICS INCLUDED IN THE DASHBOARD WERE DERIVED BASED ON THE RECOMMENDATIONS OF THE MASSACHUSETTS HEALTH AND HOSPITAL ASSOCIATION AND THE CONSENSUS STATEMENT BY THE SOCIETY OF HOSPITAL MEDICINE ON SAFE OPIOID USE FOR ACUTE PAIN IN HOSPITALIZED PATIENTS INDIVIDUALS WILL BE ABLE TO COMPARE THEIR PRESCRIBING TO THAT OF PEERS IN THEIR DIVISION OR DEPARTMENT, AS WELL AS SET GOALS FOR ADHERENCE TO RECOMMENDED PRACTICES COMMUNITY PARTNERS CCA HEALTH CENTERS GOAL INCREASE ACCESS TO QUALITY BEHAVIORAL HEALTH CARE SERVICES TARGET POPULATION CHILDREN, YOUTH, ADULTS PROGRAMMATIC OBJECTIVES 3.1 INCREASE PARTICIPATION IN LGBT SUPPORT GROUPS COMMUNITY ACTIVITIES/STRATEGIES - SUPPORT TRANSGENDER SUPPORT GROUPS AT BIDMC METRICS AND STATUS UPDATE - NUMBER OF PARTICIPANTS IN TRANSGENDER SUPPORT GROUPS AT BIDMC (FY17-13, COMPLETED) COMMUNITY PARTNERS CCA HEALTH CENTERS GOAL IDENTIFY THOSE AT RISK FOR BH CONDITION AND PROVIDE ENHANCED CARE MANAGEMENT - TARGET POPULATION ADULTS PROGRAMMATIC OBJECTIVES 4.1 SUPPORT ENHANCED CARE MANAGEMENT FOR THOSE AT RISK FOR BH CONDITIONS COMMUNITY ACTIVITIES/STRATEGIES - CONTINUE TO PROVIDE CASE MANAGEMENT SUPPORT SERVICES FOR BSHC PATIENTS WITH COMPLEX PHYSICAL AND BEHAVIORAL HEALTH ISSUES METRICS AND STATUS UPDATE - NUMBER OF BSHC PATIENTS PARTICIPATING IN BROOKLINE MENTAL HEALTH PARTNERSHIP PROGRAM (FY17-18, FY18-11, COMPLETED PROGRAM ROLLED INTO MASSHEALTH ACO) COMMUNITY PARTNERS CCA HEALTH CENTERS AS DESCRIBED IN DETAIL ABOVE IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, THE MEDICAL CENTER IS DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVING THE HEALTH OF ITS COMMUNITY HOWEVER, AS NOTED IN SCHEDULE H, PART V, SECTION B, QUESTION 11, THERE WERE SOME NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT INCLUDED IN THE CHIP EXAMPLES OF IDENTIFIED NEEDS THAT WON'T BE ADDRESSED UNDER THIS CHIP ARE AFFORDABLE HOUSING AND SAFE PARKS/PLAYGROUNDS THE MEDICAL CENTER WAS UNABLE TO ADDRESS THESE NEEDS DUE TO LIMITED FINANCIAL RESOURCES, HOWEVER, THE MEDICAL CENTER DID PARTICIPATE IN CERTAIN WORKFORCE DEVELOPMENT PROGRAMMING AS QUANTIFIED IN THIS FORM 990 SCHEDULE H PART II AND AS DETAILED IN THE NARRATIVE TO THIS SCHEDULE H PART VI AS NOTED IN DETAIL ABOVE, THE MEDICAL CENTER'S PRIMARY TOOL FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND CHIP (SCHEDULE H PART VI QUESTION 2)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATION	THE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW THE MEDICAL CENTER CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AS WELL AS COMMUNITY BUILDING ACTIVITIES AS DEMONSTRATED IN THIS SCHEDULE H, DURING THE PERIOD COVERED BY THIS FILING, 14 43% OF THE MEDICAL CENTER'S TOTAL EXPENSES WERE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST IN ADDITION AS NOTED IN THE NARRATIVE BELOW, THERE ARE ADDITIONAL ACTIVITIES AND EXPENDITURES WHICH THE MEDICAL CENTER CONSIDERS FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS UNDER THE INSTRUCTIONS TO THIS SCHEDULE H QUESTION 7 THESE ITEMS ARE NOT QUANTIFIED IN SCHEDULE H QUESTION 7, BUT IT IS WORTH NOTING THAT IF THE MEDICAL CENTER HAD INCLUDED THESE IN SCHEDULE H QUESTION 7, THE FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST WOULD BE 29 19%% FOR THE PERIOD COVERED BY THIS FILING

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - FINANCIAL	<p>ASSISTANCE AND MEANS TESTED GOVERNMENT PROGRAMS FINANCIAL ASSISTANCE AS REPORTED IN THE MEDICAL CENTER'S CONSOLIDATED FINANCIAL STATEMENT AND IN THIS FORM 990, SCHEDULE H, THE MEDICAL CENTER'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENCY SERVICES PROVIDED TO NON-PAYING PATIENTS AND PAYMENTS TO AND RECEIPTS FROM THE HEALTH SAFETY NET TRUST, WAS \$16,174,069 IN FISCAL YEAR ENDED SEPTEMBER 30, 2018 AND HAS BEEN REPORTED AS PART OF THE FINANCIAL ASSISTANCE AND CHARITY CARE REPORTED IN THIS SCHEDULE H, PART I, LINE 7A AS NOTED THROUGHOUT THIS FORM 990, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER. THE OPERATIONS OF HMFP AND THE ENTITIES FOR WHICH HMFP SERVES AS MEMBER ARE INTEGRALLY RELATED TO THE MEDICAL CENTER'S ACCOMPLISHMENT OF ITS PURPOSES AS PART OF THIS RELATIONSHIP, HMFP PATIENTS WHO MEET THE MEDICAL CENTER'S FREE CARE CRITERIA ARE PROVIDED FREE CARE AT HMFP AND ITS AFFILIATED ENTITIES DURING THE FISCAL PERIOD COVERED BY THIS FILING, HMFP AND ITS AFFILIATED ENTITIES PROVIDED ADDITIONAL NET FREE CARE TO PATIENTS IN THE AMOUNT OF \$1,566,619 SEE ADDITIONAL INFORMATION BELOW IN THIS SCHEDULE H NARRATIVE OTHER UNCOMPENSATED CHARITY CARE MEDICAID AND MEDICARE IN ADDITION TO THE CHARITY CARE REPORTED ABOVE, THE MEDICAL CENTER ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS PAYMENTS FROM MEDICAID AND OTHER PROGRAMS WHICH INSURE LOW INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED DURING THE FISCAL PERIOD COVERED BY THIS FILING, 21.4% OR 254,330 OF THE MEDICAL CENTER'S PATIENT CASES WERE WITH MEDICAID PATIENTS THIS TRANSLATES TO \$179,164,926 IN MEDICAID REVENUE WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY THE MEDICAL CENTER FOR SUCH SERVICES BY \$35,778,658, AS REPORTED ON THIS SCHEDULE H, PART I, LINE 7B MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND THE MEDICAL CENTER PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM DURING THE FISCAL PERIOD COVERED BY THIS FILING, 29.3% OR 348,544 OF THE MEDICAL CENTER'S PATIENT ENCOUNTERS WERE WITH MEDICARE PATIENTS THIS TRANSLATED TO MEDICARE REVENUE OF \$401,739,417 HOWEVER, BECAUSE PAYMENTS TO HOSPITALS THROUGH THIS GOVERNMENT SPONSORED PROGRAM HAVE NOT KEPT PACE WITH INFLATION, REVENUE COLLECTED WAS LESS THAN THE COST OF SERVICES BY \$33,492,068 OF THIS AMOUNT, \$8,027,045 IS INCLUDED IN FORM 990 SCHEDULE H PART I, LINE 7G AND RELATED TO THE PROVISION OF SUBSIDIZED HEALTH SERVICES FOR INPATIENT PSYCHIATRIC PATIENTS, THE MEDICAL CENTER'S BOWDOIN STREET COMMUNITY HEALTH CENTER, THE MEDICAL CENTER'S PROVISION OF OUTPATIENT AMBULATORY CARE AND CERTAIN PRIMARY CARE VISITS THROUGH BIDMC'S ONSITE PRIMARY CARE OFFICES AND \$25,465,023 OF WHICH IS REPORTED IN THIS FORM 990 SCHEDULE H PART III LINE 7 IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH THE MEDICAL CENTER CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE ADDITIONAL MEDICARE SHORTFALL OF \$25,465,023 IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, THE MEDICAL CENTER HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED BAD DEBTS AS REPORTED IN THE BETH ISRAEL DEACONESS MEDICAL CENTER AND AFFILIATES AUDITED FINANCIAL STATEMENT FOR THE PERIOD COVERED BY THIS FILING, IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, THE MEDICAL CENTER ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE CHARGES FOR THOSE SERVICES WERE \$20,510,577 DURING THE FISCAL PERIOD COVERED BY THIS FILING AS REPORTED IN THE FINANCIAL STATEMENTS AND IN THIS FORM 990 SCHEDULE H, PART III, SECTION A, LINE 2 AS REQUIRED THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AT COST AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990 AS REQUIRED BY THIS FORM 990, SCHEDULE H, PART III, LINE 4, BELOW ARE THE BAD DEBT AND ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTES FROM THE MEDICAL CENTER'S AUDITED FINANCIAL STATEMENT</p>

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS - FINANCIAL	<p>TEMENTS AS PREVIOUSLY NOTED IN THIS FORM 990, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE MEDICAL CENTER AND AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2018 INCLUDE THE ACCOUNTS OF THE MEDICAL CENTER AND ITS AFFILIATES, (MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG)), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (BID-NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (BID-MILTON), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (BID-PLYMOUTH), AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (H MFP), THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES, AS WELL AS ALL ENTITIES FOR WHICH THESE ENTITIES SERVE AS MEMBER THE MEDICAL CENTER'S FORM 990 IS PREPARED FOR THE MEDICAL CENTER ONLY AND AS SUCH, THE METRICS INCLUDED IN THESE FOOTNOTES WILL NOT TIE TO THE FACE OF THE MEDICAL CENTER'S FORM 990, SCHEDULE H</p>

Form and Line Reference	Explanation
FINANCIAL STATEMENT FOOTNOTES	<p>IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, THE MEDICAL CENTER ALSO INCURS LOSSES RELATED TO SELF PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. BAD DEBTS ARE INCLUDED AS A COMPONENT OF NET PATIENT SERVICE REVENUE IN THE CONSOLIDATED FINANCIAL STATEMENTS, AND INCLUDE THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE. THE ESTIMATED COST OF PROVIDING SUCH SERVICES WAS \$20,111,000 AND \$16,928,000 IN 2018 AND 2017, RESPECTIVELY. PATIENT ACCOUNTS RECEIVABLE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTSPATIENT ACCOUNTS RECEIVABLE ARE REFLECTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTIBILITY OF PATIENT ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES ITS PAST COLLECTION HISTORY, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN GOVERNMENTAL AND EMPLOYEE HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS FOR EACH OF ITS MAJOR CATEGORIES OF REVENUE BY PAYOR TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR CATEGORIES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THROUGHOUT THE YEAR, THE MEDICAL CENTER, AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, WILL WRITE OFF PATIENTS' UNMET OR UNCOLLECTED RESPONSIBILITY AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN ADDITION TO THE REVIEW OF THE CATEGORIES OF REVENUE, MANAGEMENT MONITORS THE WRITE OFFS AGAINST ESTABLISHED ALLOWANCES TO DETERMINE THE APPROPRIATENESS OF THE UNDERLYING ASSUMPTIONS USED IN ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE MEDICAL CENTER'S METHODOLOGY FOR VALUING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE REMAINED SUBSTANTIALLY CONSISTENT IN 2017 AND 2016. THE MEDICAL CENTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTED APPROXIMATELY 8.8% AND 9.3% OF PATIENT ACCOUNTS RECEIVABLE, NET OF CONTRACTUAL ALLOWANCES IN 2018 AND 2017, RESPECTIVELY. COMMUNITY BENEFITS -- EMERGENCY CARE ACCESSAS NOTED IN THIS SCHEDULE H, PART V, SECTION A AND SECTION B QUESTION 21, THE MEDICAL CENTER IS A TERTIARY CARE LICENSED ACADEMIC MEDICAL CENTER, PROVIDING MEDICAL AND SURGICAL CARE, TEACHING AND RESEARCH AND AS NOTED ELSEWHERE IN THIS RETURN, PROVIDES 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. FINANCIAL ASSISTANCE POLICY. INTERNAL REVENUE CODE SECTION 501(R)(4) FINANCIAL ASSISTANCE POLICY. PURPOSE BIDMC'S MISSION IS TO DISTINGUISH ITSELF FROM OTHER PROVIDERS THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION, RESEARCH AND THROUGH IMPROVED HEALTH IN THE COMMUNITIES SERVED. BIDMC IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THE BIDMC FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR OUR SERVICE AREA. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE RECEIVE DISCOUNTED CARE FROM QUALIFYING BIDMC PROVIDERS. BIDMC DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMINING ELIGIBILITY. FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CARE POLICYAS REQUIRED BY IRC SECTION 501(R)(4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) WHICH APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY. (SCHEDULE H PART I QUESTIONS 1A AND 1B) DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD). (SCHEDULE H PART V SECTION B QUESTION 21) THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE. THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS. THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY. (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17) THE HOSPITAL'S FAP AND CREDIT & COLLECTION POLICY WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2017 AND THESE DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FISCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COM</p>

Form and Line Reference	Explanation
FINANCIAL STATEMENT FOOTNOTES	<p>PLIANCE WITH THE REGULATIONS PROMULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501 (R) FINANCIAL ASSISTANCE POLICY APPLYING FOR ASSISTANCE THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE (SCHEDULE H PART V SECTION B QUESTION 15) FINANCIAL ASSISTANCE POLICY ELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13) IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3) FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP (SCHEDULE H PART I QUESTIONS 3C)</p>

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I)	<p>QUESTION 3C)IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP) SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS. THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN. FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR. INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION. FINANCIAL ASSISTANCE POLICY TRANSLATIONS OF THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY OF THE FAP (SEE DETAIL BELOW) HAVE ALL BEEN TRANSLATED INTO THE LANGUAGES SPOKEN BY THOSE WHO MAY COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH. THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES: SPANISH, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, RUSSIAN, PORTUGUESE AND VIETNAMESE. (SCHEDULE H PART V SECTION B QUESTION 16I) FINANCIAL ASSISTANCE POLICY WIDELY PUBLICIZING AND AVAILABILITY COPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL OR BY MAIL FREE OF CHARGE AND ON THE HOSPITAL'S WEBSITE AT (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) HTTPS://WWW.BIDMC.ORG/PATIENT-AND-VISITOR-INFORMATION/PATIENT-INFORMATION/YOUR-HOSPITAL-BILL/FINANCIAL-ASSISTANCE. IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE. (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3) THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS. SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE. IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED. THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING STATEMENTS. INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED. ADDITIONALLY, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE PROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G) FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY AS NOTED IN THIS NARRATIVE SUPPORT TO THIS FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP. THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE. THIS PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNT</p>

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE PUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I	<p>UNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION, THE LOCATION (INCLUDIN G THE BUILDING AND ROOM NUMBER) AND PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE THE P LAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY H AVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE F AP AND TO WHICH OTHER RELATED HOSPITALS APPROVAL UNDER THE FAP WILL APPLY LIMITATION ON C HARGES INTERNAL REVENUE CODE SECTION 501(R)(5) LIMITATION ON CHARGESAS REQUIRED BY IRC SECT ION 501(R)(5) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IT PROVIDES TO A FINANCIAL ASS ISTANCE ELIGIBLE PATIENT, TO NOT MORE THAN AMOUNTS GENERALLY BILLED (AGB) AND LIMITS THE A MOUNTS CHARGED TO ANY FINANCIAL ASSISTANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES AMOUNTS GENERALLY BILLED - LOOK BACK METHODTHE HOSPITAL CALCULATE S ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMME RCIAL PLANS AND MEDICARE BY THE TOTAL CHARGES SENT TO THOSE SAME PAYERS FOR THE PREVIOUS F ISCAL YEAR (SCHEDULE H PART V SECTION B QUESTION 22) PATIENT REFUNDS FOR CHARGES IN EXCE SS OF AMOUNTS GENERALLY BILLEDTHE HOSPITAL REGULARLY MONITORS THE FINANCIAL ACCOUNTS OF FI NANCIAL ASSISTANCE ELIGIBLE PATIENTS WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPIT AL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAN EXCEEDS THE AMOUNT THAT THE PATIENT I S PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED \$5 00 BILLI NG AND COLLECTIONS -- 501(R)(6)EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT EN GAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE P ATIENTS SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE N ADDIT ION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND C OLLECTIONS (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19) APPLICATION PERIOD PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTER TH E FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE</p>

Form and Line Reference	Explanation
<p>IRC 501(R) REPORTING UNDER REVENUE PROCEDURE 2015-21</p>	<p>DURING A REVIEW OF THE MEDICAL CENTER'S SECTION 501(R) COMPLIANCE IN FY18, IT WAS DETERMINED THAT CERTAIN INFORMATION IN THE MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY (FAP), PLA IN LANGUAGE SUMMARY (PLS) AND CREDIT AND COLLECTIONS POLICY (CCP) REQUIRED CLARIFICATION OR CORRECTION IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN REVENUE PROCEDURE 2015-21, EACH OF THOSE ITEMS IS LISTED ALONG WITH THE METHOD OF CORRECTION CORRECTION OCCURRED BY AD OPTION OF A REVISED FAP, PLS AND CCP BY THE MEDICAL CENTER'S AUTHORIZED BODY PRIOR TO FILING THIS RETURN (1) WHILE THE FAP SPECIFIED THE PERCENTAGE OF DISCOUNTS AVAILABLE, IT DID NOT SPECIFICALLY REFER TO WHAT CHARGES THOSE DISCOUNTS WOULD BE APPLIED THE FAP HAS BEEN REVISED TO CLARIFY THAT THE DISCOUNTS ARE APPLIED TO PATIENT GROSS CHARGES (2) THE FAP DID NOT SPECIFY THE AMOUNTS GENERALLY BILLED (AGB) BY THE MEDICAL CENTER OR SPECIFY THE METHODOLOGY FOR CALCULATING THE AGB THE FAP HAS BEEN REVISED TO INCLUDE THIS INFORMATION (3) THE LIST OF PROVIDERS OF EMERGENCY AND MEDICALLY NECESSARY CARE AT THE MEDICAL CENTER DID NOT INCLUDE ALL PROVIDERS THE LIST HAS BEEN UPDATED AND NOW REFLECTS ALL PROVIDERS (4) THE PLS DID NOT INCLUDE THE DIRECT WEBSITE ADDRESS WHERE THE FAP AND FAP APPLICATION COULD BE OBTAINED THE PLS HAS BEEN UPDATED ACCORDINGLY (5) THE MEDICAL CENTER HAD NOT YET MADE EFFORTS TO INFORM MEMBERS OF THE COMMUNITY SERVED BY THE MEDICAL CENTER ABOUT THE FAP IN A MANNER REASONABLY CALCULATED TO REACH THOSE MEMBERS WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE THE MEDICAL CENTER HAS SINCE MADE SUCH EFFORTS, INCLUDING BY DISTRIBUTING COPIES OF ITS FAP AND FAP APPLICATION TO REFERRING STAFF PHYSICIANS AND TO COMMUNITY HEALTH CENTERS SERVING THE MEDICAL CENTER'S COMMUNITY (6) WHILE THE MEDICAL CENTER HAD TRANSLATED ITS FAP, FAP APPLICATION AND PLS INTO SEVERAL LANGUAGES, IT HAD NOT YET TRANSLATED THOSE DOCUMENTS INTO ALL LANGUAGES SPOKEN BY LIMITED ENGLISH PROFICIENCY POPULATIONS IN THE MEDICAL CENTER'S COMMUNITY SUCH TRANSLATIONS HAVE NOW BEEN MADE (7) THE FAP SPECIFIED THAT FAP-ELIGIBLE PATIENTS WOULD RECEIVE REFUNDS FOR ANY AMOUNTS PAID IN EXCESS OF THE AGB THIS LANGUAGE HAS BEEN REVISED TO CLARIFY THAT SUCH PATIENTS WILL RECEIVE REFUNDS FOR ANY AMOUNTS PAID IN EXCESS OF THEIR FAP DISCOUNTS (8) THE CCP DID NOT INCLUDE A DESCRIPTION OF THE OFFICE, DEPARTMENT OR COMMITTEE WITH FINAL AUTHORITY FOR DETERMINING THAT THE MEDICAL CENTER HAS MADE REASONABLE EFFORTS TO DETERMINE FAP-ELIGIBILITY PRIOR TO ENGAGING IN ANY EXTRAORDINARY COLLECTION ACTIONS THE CCP HAS BEEN REVISED TO INCLUDE SUCH A DESCRIPTION (9) WHILE THE MEDICAL CENTER HAS HAD A LONGSTANDING EMERGENCY MEDICAL CARE POLICY IN PLACE THE POLICY HAD NOT BEEN ADOPTED BY AN AUTHORIZED BODY THE MEDICAL CENTER HAS NOW INCLUDED LANGUAGE IN ITS FAP, ADOPTED BY AN AUTHORIZED BODY, REQUIRING THE MEDICAL CENTER TO PROVIDE, WITHOUT DISCRIMINATION, CARE FOR EMERGENCY MEDICAL CONDITIONS TO INDIVIDUALS REGARDLESS OF WHETHER THEY ARE FAP-ELIGIBLE (10) THE MEDICAL CENTER HAD NOT BEEN INCLUDING WITH BILLS TO PATIENTS OFFERED DISCOUNTED BUT NOT FREE CARE AN EXPLANATION OF HOW THE PATIENT'S DISCOUNT HAD BEEN DETERMINED THAT INFORMATION IS NOW INCLUDED WITH PATIENT BILLS FINALLY, THE MEDICAL CENTER HAS ADOPTED PROCEDURES THAT REQUIRE THE MEDICAL CENTER TO REVIEW, ON A REGULAR BASIS, THE MEDICAL CENTER'S POLICIES AND PROCEDURE TO ENSURE COMPLIANCE WITH THE REQUIREMENTS OF SECTION 501(R) AND THE REGULATIONS ISSUED THEREUNDER THOSE PROCEDURES INCLUDE REVIEWING A SECTION 501(R) COMPLIANCE CHECKLIST FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS COMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPLEMENTATION PLAN DETAIL RELATED TO THE MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT, IMPLEMENTATION STRATEGY AND COMMUNITY BENEFITS ACTIVITIES HAS BEEN PROVIDED IN FORM 990, SCHEDULE H, PART V, SECTION C ABOVE COMMUNITY BENEFITS ANNUAL COMMUNITY BENEFITS REPORTS PREVIOUSLY NOTED IN THIS FILING, MEDICAL CENTER'S MOST RECENT CHNA AND CHIP WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS COMMITTEE AND BOARD OF DIRECTORS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016 AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R) IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7) THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE, UPON REQUEST AT THE MEDICAL CENTER AND ON THE MEDICAL CENTER'S WEBSITE AT HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/BIDMC-ATTORNEY-GENERAL-REPORTFY2018V32719.PDF?LA=EN THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL</p>

Form and Line Reference	Explanation
<p>IRC 501(R) REPORTING UNDER REVENUE PROCEDURE 2015-21</p>	<p>RAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEF INITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS AS SUCH, THERE ARE VARIANCES BETWE EN THIS SCHEDULE H DISCLOSURE AND THE REPORT THE MEDICAL CENTER FILED WITH THE ATTORNEY GE NERAL'S OFFICE COMMUNITY BENEFITS EMERGENCY ROOM OPERATIONIN ADDITION, AS NOTED IN THIS F ORM 990, SCHEDULE H, PART V, SECTION A, THE MEDICAL CENTER IS A TERTIARY CARE LICENSED ACA DEMIC MEDICAL CENTER, PROVIDING MEDICAL AND SURGICAL CARE, TEACHING AND RESEARCH AND AS NO TED ELSEWHERE IN THIS RETURN, PROVIDES 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITH OUT REGARD TO ABILITY TO PAY FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS RE SEARCHAS PREVIOUSLY NOTED IN THIS FORM 990, PART III, PART OF THE MEDICAL CENTER'S MISSION IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF OUR LOCAL AND EXTENDED COMMUNITIES THE RESEARCH PROGRAM STRIVES TO BE RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RE SEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS THAT IMPROVE THE QUALITY OF LIFE THE MEDICAL CENTER'S NOTABLE RESE ARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP TIER OF INDEPENDENT HOSP ITALS IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING THE MEDICAL CENTER SCIENTISTS CONTIN UE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WH ICH IN TURN DIRECTLY IMPACT THE LIVES OF OUR PATIENTS AND IMPROVE THE MEDICAL CENTER'S PAT IENT CARE DURING THE FISCAL PERIOD COVERED BY THIS FILING, MORE THAN 1,220 ACTIVE FEDERAL , INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,500 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES BIDMC RESEARCH IS LED BY MORE THAN 280 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TR ANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS AND CARDIOLOGY/CARDIAC S URGERY AS NOTED IN THIS FILING, THE MEDICAL CENTER IS A TEACHING HOSPITAL OF HARVARD MEDI CAL SCHOOL AND IS COMMITTED TO MAINTAINING A COLLABORATIVE CULTURE, TO MAINTAINING MODERN, HIGH-QUALITY FACILITIES, AND TO TAKING FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EX IST AMONG THE HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS THE MEDICAL CENTE R DESIGNS AND IMPLEMENTS MANY INTERDEPARTMENTAL AND INTERDISCIPLINARY RESEARCH PROGRAMS WI THIN THE INSTITUTION THE MEDICAL CENTER ALSO COLLABORATES WITH OTHER NATIONALLY RECOGNIZE D AND WORLD RENOWNED EXPERTS IN VARIOUS FIELDS IN AN EFFORT TO TRANSLATE NEW KNOWLEDGE INT O NOVEL MEDICAL TREATMENTS AND PATIENT CARE THE MEDICAL CENTER PARTICIPATES IN HARVARD CA TALYST, THE HARVARD CLINICAL AND TRANSLATIONAL SCIENCE CENTER, WHICH BRINGS TOGETHER THE I NTELLECTUAL FORCE, TECHNOLOGIES, AND CLINICAL EXPERTISE AT HARVARD UNIVERSITY AND ITS ACAD EMIC, HEALTH CARE, AND COMMUNITY PARTNERS TO CREATE CONNECTIONS, ENABLE RESEARCH AT THE CU TTING EDGE OF DISCOVERY, AND NURTURE CLINICAL AND TRANSLATIONAL RESEARCHERS WITH THE GOAL OF IMPROVING HUMAN HEALTH STUDIES BY MEDICAL CENTER RESEARCHERS ARE ROUTINELY PUBLISHED IN THE WORLD'S LEADING SCIENTIFIC JOURNALS, INCLUDING NATURE, SCIENCE AND THE NEW ENGLAND JO URNAL OF MEDICINE, WHICH HELPS TO BRING THE RESEARCH FINDINGS TO CLINICIANS AND PATIENTS B EYOND THE MEDICAL CENTER</p>

Form and Line Reference	Explanation
<p>THE MEDICAL CENTER ENGAGES IN RESEARCH IN ALL OF THE FOLLOWING DISCIPLINES</p>	<p>THE MEDICAL CENTER ENGAGES IN RESEARCH IN ALL OF THE FOLLOWING DISCIPLINES ANESTHESIA, CRITICAL CARE, AND PAIN MEDICINE EMERGENCY MEDICINE MEDICINE - ALLERGY AND INFLAMMATION- CARDIOVASCULAR MEDICINE- CENTER FOR VASCULAR BIOLOGY RESEARCH- CENTER FOR VIROLOGY AND VACCINE RESEARCH- CLINICAL INFORMATICS- CLINICAL NUTRITION- ENDOCRINOLOGY- EXPERIMENTAL MEDICINE - GASTROENTEROLOGY- GENERAL MEDICINE AND PRIMARY CARE- GENETICS- GERONTOLOGY- HEMATOLOGY AND ONCOLOGY- HEMOSTASIS AND THROMBOSIS- IMMUNOLOGY- INFECTIOUS DISEASE- INTERDISCIPLINARY MEDICINE AND BIOTECHNOLOGY- MOLECULAR AND VASCULAR MEDICINE- NEPHROLOGY- PULMONOLOGY- RHEUMATOLOGY- SIGNAL TRANSDUCTION- TRANSLATIONAL RESEARCH- TRANSPLANT IMMUNOLOGY NEONATOLOGY NEUROLOGY OBSTETRICS AND GYNECOLOGY ORTHOPAEDIC SURGERY PATHOLOGY PSYCHIATRY RADIOLOGY SURGERY - CARDIAC SURGERY- CENTER FOR MINIMALLY INVASIVE SURGERY- NEUROSURGERY- PLASTIC AND RECONSTRUCTIVE SURGERY- VASCULAR SURGERY TRANSPLANT INSTITUTE DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED \$77,578,478 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 44.2% OF THE MEDICAL CENTER'S TOTAL EXPENSES. ADDITIONALLY, THE MEDICAL CENTER REPORTED \$219,244,237 OF RESEARCH EXPENSES FUNDED BY GOVERNMENTS AND OTHER TAX-EXEMPT ENTITIES INCLUDING OTHER HOSPITALS, UNIVERSITIES AND FOUNDATIONS ON SCHEDULE H, PART I LINE 7H COLUMN D, WHICH, IF INCLUDED IN SCHEDULE H, PART I, LINE 7H COLUMN E CALCULATION, WOULD INCREASE THE NET COMMUNITY BENEFIT REPORTED FROM RESEARCH ACTIVITIES ON THIS SCHEDULE H, PART I, LINE 7H TO 16.77% RESEARCH ENGAGED IN AT THE MEDICAL CENTER. THE REAL CORNER STONES OF THE MEDICAL CENTER'S SUCCESS CAN BE DESCRIBED IN THREE KEY WORDS INNOVATION, CULTIVATION, AND TRANSFORMATION BEGINNING WITH SUPPORT OF BOLD AND INNOVATIVE IDEAS, EXTENDING TO CULTIVATION AND NURTURING OF PROMISING YOUNG SCIENTISTS, AND CULMINATING IN THE TRANSFORMATION OF NOVEL DISCOVERIES INTO THERAPIES AND DIAGNOSTICS, THE MEDICAL CENTER'S RESEARCH PROGRAM HAS EMERGED AS A UNIQUE AND SUCCESSFUL MODEL FOR TODAY'S RAPIDLY CHANGING HEALTH CARE LANDSCAPE. EXAMPLES OF THE RESEARCH ENGAGED IN AT BIDMC BELOW IS INFORMATION RELATED TO JUST A HANDFUL OF THE CUTTING-EDGE RESEARCH STUDIES AND PRINCIPAL INVESTIGATORS AT THE MEDICAL CENTER. THE DETAIL BELOW IS DESIGNED TO PROVIDE THE READER WITH A TASTE OF THE MANY CONTRIBUTIONS THE MEDICAL CENTER IS MAKING TO PATIENT CARE TODAY AND TOMORROW. EXPENSES FROM THE RESEARCH ACTIVITIES NOTED BELOW ARE INCLUDED IN FORM 990 SCHEDULE H, PART I LINE 7H COLUMN C AND MAY OR MAY NOT BE QUANTIFIED IN FORM 990 SCHEDULE H, PART I, LINE 7H COLUMN E, DEPENDING ON FUNDING SOURCE. PERSONALIZED IMMUNOTHERAPY CANCER VACCINES IMMUNOTHERAPY ENLISTS A PATIENT'S OWN DEFENSE SYSTEM TO IDENTIFY AND SELECTIVELY ATTACK CANCER CELLS WHILE MINIMIZING TOXICITY. THE CANCER CENTER AT BIDMC'S RESEARCHER-CLINICIANS DAVID AVIGAN, MD, AND JACALYN ROSENBLATT, MD, ARE PIONEERING A PERSONALIZED CANCER VACCINE MADE BY FUSING A PATIENT'S OWN TUMOR CELLS WITH THEIR OWN IMMUNE CELLS. AFTER A SERIES OF MANIPULATIONS IN THE LAB, THE NEW HYBRID CELLS ARE REINTRODUCED TO THE PATIENT AS A POWERFUL THERAPY. THE BIDMC CANCER CENTER OPERATES ITS RANDI AND BRIAN SCHWARTZ FAMILY CANCER IMMUNOTHERAPY AND CELL MANIPULATION FACILITY, A STATE-OF-THE-ART LABORATORY THAT SERVES AS THE HOME BASE FOR THE DEVELOPMENT OF THIS UNIQUE PERSONALIZED VACCINE APPROACH. CONDUCTED UNDER THE AUSPICES OF THE NIH-SPONSORED CLINICAL TRIALS NETWORK, A MULTI-CENTER TRIAL NOW IN PROGRESS AT 17 ACADEMIC MEDICAL CENTERS IN THE UNITED STATES AND CANADA SEEKS TO TEST THE EFFECTIVENESS OF THE BIDMC-DEVELOPED VACCINE MODEL AGAINST MULTIPLE MYELOMA, A COMMON BLOOD CANCER FOR WHICH THERE ARE CURRENTLY TREATMENTS BUT NO CURE. THIS FIRST-OF-ITS-KIND RESEARCH EFFORT TAKES AN OPEN-SOURCE APPROACH, IN ADDITION TO TRAINING PARTNERS FROM PARTICIPATING SITES, BETH ISRAEL DEACONESS MEDICAL CENTER SCIENTISTS PROVIDE CENTRAL OVERSIGHT, ENSURING ALL PRODUCTS ARE MADE TO A CERTAIN STANDARD. "HERE AT BIDMC, OUR TEAM HAS CONTINUALLY PUSHED THE ENVELOPE WITH GROUNDBREAKING VACCINE WORK, AND WITH THIS NEW FACILITY WE WILL BE ABLE TO PUSH HARDER AND SMARTER FOR OUR PATIENTS AS WE LEVERAGE THE INNOVATIVE WORK THAT TAKES PLACE HERE EVERY DAY," SAID PIER PAOLO PANDOLFI, MD, PHD, DIRECTOR OF THE CANCER CENTER AND CANCER RESEARCH INSTITUTE AT BIDMC. DIGITAL DATA, DEVICES AND MENTAL HEALTH JOHN TOROUS, MD, IS A STAFF PSYCHIATRIST AND DIRECTOR OF THE DIGITAL PSYCHIATRY DIVISION IN THE DEPARTMENT OF PSYCHIATRY AT BETH ISRAEL DEACONESS MEDICAL CENTER. WITH A BACKGROUND IN ELECTRICAL ENGINEERING AND COMPUTER SCIENCES, DR TOROUS INVESTIGATES THE POTENTIAL OF MOBILE MENTAL HEALTH TECHNOLOGIES FOR PSYCHIATRY AND HAS PUBLISHED OVER 75 PEER REVIEWED ARTICLES AND FIVE BOOK CHAPTERS ON THE TOPIC. HIS RESEARCH EFFORTS INCLUDE CLINICAL STUDIES ACROSS DIVERSE MENTAL ILLNESSES SEEKING TO UNDERSTAND THE LIVED</p>

Form and Line Reference	Explanation
THE MEDICAL CENTER ENGAGES IN RESEARCH IN ALL OF THE FOLLOWING DISCIPLINES	EXPERIENCES OF ILLNESS FROM THE COMBINED VANTAGE POINT OF SELF-REPORT, BEHAVIOR, AND PHYS IOLOGY GATHERED BOTH ACTIVELY AND PASSIVELY FROM SMARTPHONES, SOCIAL MEDIA AND PHYSICAL SE NSORS CONVERSELY, DR TOROUS IS ALSO INVESTIGATING THE UNINTENDED CONSEQUENCES OF MOBILE DEVICES AND SOCIAL MEDIA ON THE MENTAL HEALTH OF SOCIETY AT LARGE IN A RECENT PILOT STUDY , DR TOROUS AND COLLEAGUES INVESTIGATED WHETHER DIGITAL DATA GATHERED PASSIVELY VIA SMART PHONE COULD PREDICT FUTURE SYMPTOMS IN A COHORT OF PATIENTS WITH SCHIZOPHRENIA THE TEAM F OUND THAT INFORMATION GLEANED FROM A PHONE'S ACCELEROMETER AND GPS WHICH PROVIDES A GLIMPS E INTO PATIENTS' MOBILITY AND ACTIVITY LEVELS AS WELL AS APP USAGE PATTERNS WERE INDEED IN DICATIVE OF FUTURE SYMPTOM-RELATED SURVEY RESPONSES THESE RESULTS SUGGEST THAT SMARTPHONE -BASED DIGITAL METADATA IS THEREFORE POTENTIALLY CLINICALLY VALUABLE

Form and Line Reference	Explanation
DETERMINING RISK FACTORS FOR OPIOID ABUSE	<p>CURRENT RESEARCH DEMONSTRATES THAT PATIENTS' EXPOSURE TO OPIOIDS FOLLOWING MEDICAL CARE HAS CONTRIBUTED TO THE ESTIMATED 2.1 MILLION AMERICANS REPORTED TO HAVE AN OPIOID USE DISORDER ASSOCIATED WITH PRESCRIPTION MEDICATIONS. RESEARCHERS AND CLINICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER HAVE PERFORMED THE FIRST META-ANALYSIS TO POOL THE EFFECTS OF RISK FACTORS THAT PLACE THE ESTIMATED 234 MILLION PATIENTS WHO UNDERGO MAJOR SURGERIES EACH YEAR AT AN INCREASED CHANCE OF PROLONGED OPIOID USE. DEFINED AS USE FOR LONGER THAN TWO MONTHS, PUBLISHED IN THE JOURNAL OF BONE AND JOINT SURGERY, THE ANALYSIS REVEALS APPROXIMATELY FOUR PERCENT OF THE GENERAL PATIENT POPULATION WILL CONTINUE USING OPIOIDS FOR AN EXTENDED TIME PERIOD AND THAT PATIENTS IN THE WORKER'S COMPENSATION SETTING EXPERIENCED THE HIGHEST RATES OF PROLONGED OPIOID USE. THE TEAM, LED BY ARA NAZARIAN, PHD, PRINCIPAL INVESTIGATOR IN THE CENTER FOR ADVANCED ORTHOPAEDIC STUDIES AT BIDMC AND ASSOCIATE PROFESSOR OF ORTHOPAEDIC SURGERY AT HARVARD MEDICAL SCHOOL, ALSO FOUND THAT DEPRESSION, BACK PAIN AND PREVIOUS DRUG USE PUT PATIENTS AT HIGHEST RISK AFTER SURGERY OR TRAUMA AND THAT PHYSICIANS' PRESCRIBING PRACTICES CAN INFLUENCE THE INCIDENCE OF PROLONGED OPIOID USE. LONG-TERM OPIOID USE IS SIGNIFICANTLY HIGHER AMONG PATIENTS TREATED BY HIGH-INTENSITY PRESCRIBERS THAN AMONG THOSE TREATED BY LOW-INTENSITY PRESCRIBERS. BASED ON THEIR FINDINGS, THE TEAM SUGGESTS THAT PROVIDING PATIENTS WITH ADEQUATE PAIN RELIEF, INVOLVING PATIENTS IN PAIN MANAGEMENT PLANNING WITH REALISTIC GOAL-SETTING AND PROVIDING THEM WITH COMPREHENSIBLE INFORMATION ABOUT THE RISKS OF OPIOID USE, TAPERING OPIOID USE PRIOR TO HOSPITAL DISCHARGE AND USING MORE UNIFORM PRESCRIBING PROTOCOLS COULD REDUCE THE OVERALL BURDEN OF LONG-TERM OPIOID USE FOLLOWING SURGERY OR TRAUMA.</p> <p>USING NON-INVASIVE BRAIN STIMULATION TO ALLEVIATE SYMPTOMS OF SCHIZOPHRENIA IN A FIRST-OF-ITS-KIND STUDY, RESEARCHERS AT BETH ISRAEL DEACONESS MEDICAL CENTER USED IMAGING DATA TO DETERMINE THE UNDERLYING ANATOMICAL CAUSE OF CERTAIN SYMPTOMS OF SCHIZOPHRENIA AND THEN APPLIED NON-INVASIVE BRAIN STIMULATION TO AMELIORATE THEM. AS THE SCIENTISTS REPORTED IN THE AMERICAN JOURNAL OF PSYCHIATRY, THEY FOUND THAT A SUITE OF SYMPTOMS INCLUDING AN INABILITY TO FEEL PLEASURE, A LACK OF MOTIVATION AND DIFFICULTY WITH NON-VERBAL COMMUNICATION, CHRONIC AND TREATMENT-RESISTANT SYMPTOMS THAT SERIOUSLY IMPACT PATIENTS' RELATIONSHIPS, EMPLOYMENT, HOUSING AND QUALITY OF LIFE ARISE FROM A BREAKDOWN IN A NETWORK BETWEEN THE BRAIN'S PREFRONTAL CORTEX AND THE CEREBELLUM. MOREOVER, THE TEAM DEMONSTRATED THAT A NOVEL TYPE OF NON-INVASIVE BRAIN STIMULATION RESTORED THIS CRUCIAL NETWORK'S FUNCTION, WHICH IN TURN IMPROVED THIS GROUP OF SYMPTOMS IN PATIENTS WITH THE DISEASE. "THERE'S AN ENORMOUS BODY OF RESEARCH ASKING HOW PEOPLE WITH SCHIZOPHRENIA ARE DIFFERENT FROM PEOPLE WITHOUT IT, BUT THERE IS SCANT LITERATURE USING IMAGING IN PEOPLE WITH SCHIZOPHRENIA TO PIN DOWN THE BIOLOGICAL DIFFERENCES BETWEEN THOSE WHO ARE VERY SYMPTOMATIC AND THOSE WHO ARE LESS SO," SAID LEAD AUTHOR ROSCOE BRADY JR., MD, PHD, ASSISTANT PROFESSOR OF PSYCHIATRY AT BETH ISRAEL DEACONESS MEDICAL CENTER. "IF WE CAN PIN DOWN WHAT'S DIFFERENT, MAYBE WE CAN INTERVENE." "WE WANTED TO FIND OUT IF WE COULD RESTORE THAT BRAIN CIRCUIT THROUGH NON-INVASIVE BRAIN STIMULATION, AND IF WE COULD, WOULD PEOPLE GET BETTER?" SAID CORRESPONDING AUTHOR MARK HALKO, PHD, ASSISTANT PROFESSOR OF NEUROLOGY AT BETH ISRAEL DEACONESS MEDICAL CENTER'S BERENSON-ALLEN CENTER FOR NON-INVASIVE BRAIN STIMULATION. "THE ANSWER IS THEY ABSOLUTELY DO GET BETTER. IT'S A VERY PROVOCATIVE FINDING."</p> <p>"NOVEL APPROACHES TO SUPPRESSING THERAPY-INDUCED TUMOR GROWTH IN RECENT GROUNDBREAKING STUDIES, A TEAM OF RESEARCHERS LED BY BETH ISRAEL DEACONESS MEDICAL CENTER'S DIPAK PANIGRAHY, MD, DEMONSTRATED THAT DEAD AND DYING CANCER CELLS KILLED BY CONVENTIONAL CANCER TREATMENTS PARADOXICALLY TRIGGER THE INFLAMMATION THAT PROMOTES TUMOR GROWTH AND METASTASIS. NOW, IN FOLLOW-UP STUDIES PUBLISHED IN PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCE (PNAS), DR. PANIGRAHY AND COLLEAGUES DESCRIBE NOVEL APPROACHES TO SUPPRESSING THE CHEMOTHERAPY-INDUCED TUMOR GROWTH. WORKING WITH MULTIPLE PRECLINICAL CANCER MODELS, THE TEAM DEMONSTRATED THAT ASPIRIN BOTH BLOCKS PRODUCTION OF COMPOUNDS THAT PROMOTE INFLAMMATION AND TRIGGERS THE PRODUCTION OF NATURALLY OCCURRING ANTI-INFLAMMATORY FACTORS PRODUCED BY THE HUMAN BODY CALLED RESOLVINS. IN ONE STUDY, ASPIRIN-TRIGGERED RESOLVINS INHIBITED PRIMARY TUMOR GROWTH BY ENHANCING THE IMMUNE SYSTEM'S ABILITY TO CLEAR THE BODY OF TUMOR CELL DEBRIS. WHEN THE SCIENTISTS TREATED THE TUMOR-BEARING MICE WITH ASPIRIN-TRIGGERED RESOLVINS ALONE IN THE ABSENCE OF ASPIRIN, THEY FOUND IT INHIBITED PRIMARY TUMOR GROWTH IN A VARIETY OF TUMOR TYPES AND AT LOW CONCENTRATIONS. ANOTHER OF THE TEAM'S ANALYSIS REVEALED THAT CHEMOTHERAPY-KILLED OVARIAN CANCER CELLS INDUCE SURROUNDING IMMUNE CELLS CALLED MACROPHAGES TO RELEASE A SURGE</p>

Form and Line Reference	Explanation
DETERMINING RISK FACTORS FOR OPIOID ABUSE	<p>OF IMMUNE-RELATED CHEMICAL COMPOUNDS CYTOKINES AND LIPID MEDIATORS THAT CREATE OPTIMAL CO NDITIONS IN WHICH TUMORS CAN SURVIVE AND GROW NEXT, THE TEAM SHOWED THAT A COMMON ANTI-IN FLAMMATORY DRUG CALLED A DUAL COX-2 INHIBITOR TO BLOCK THAT SURGE OF TUMOR-FRIENDLY CYTOKI NES AND LIPIDS"CONVENTIONAL CANCER THERAPY IS A DOUBLE-EDGED SWORD THE VERY TREATMENT MEAN T TO CONTROL CANCER IS ALSO HELPING IT TO SURVIVE AND GROW," SAID DR PANIGRAHY, ASSISTANT PROFESSOR OF PATHOLOGY IN THE DEPARTMENT OF PATHOLOGY AND A SCIENTIST AT THE CANCER CENTE R AT BETH ISRAEL DEACONESS MEDICAL CENTER "TO PREVENT TUMOR RECURRENCE AFTER THERAPY, IT WILL BE CRITICAL TO NEUTRALIZE THE INHERENT TUMOR-PROMOTING ACTIVITY OF THERAPY-GENERATED DEBRIS "UNINTENDED CONSEQUENCES STUDY FINDS HOSPITAL READMISSIONS REDUCTION PROGRAM ASSOC IATED WITH INCREASE IN PATIENT MORTALITYA POLICY DESIGNED TO REDUCE HOSPITAL READMISSIONS THROUGH FINANCIAL PENALTIES WAS ASSOCIATED WITH A SIGNIFICANT INCREASE IN POST-DISCHARGE M ORTALITY FOR PATIENTS WITH HEART FAILURE AND PNEUMONIA, ACCORDING TO A LARGE-SCALE STUDY B Y RESEARCHERS IN BETH ISRAEL DEACONESS MEDICAL CENTER'S SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY THE HOSPITAL READMISSIONS REDUCTION PROGRAM (HRRP) WAS ESTABLISHED IN 2010 AS PART OF THE AFFORDABLE CARE ACT AND REQUIRED THAT, BEGINNING IN 2012, THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) IMPOSE FINANCIAL PENALTIES ON HOSPITALS WITH HIGHER-THA N-EXPECTED 30-DAY READMISSION RATES FOR PATIENTS INITIALLY HOSPITALIZED FOR THREE CONDITIO NS HEART FAILURE, HEART ATTACK AND PNEUMONIA BUT POLICY MAKERS AND PHYSICIANS RAISED CON CERNS THAT THE HRRP MAY HAVE ALSO HAD UNINTENDED CONSEQUENCES THAT ADVERSELY AFFECTED PATI ENT CARE, POTENTIALLY LEADING TO INCREASED MORTALITY "SOME POLICY MAKERS HAVE DECLARED THE HRRP A SUCCESS BECAUSE THEY BELIEVE THAT REDUCTIONS IN READMISSIONS SOLELY REFLECT IMPROV EMENTS IN QUALITY OF CARE," SAID THE STUDY'S FIRST AUTHOR RISHI WADHERA, MD, MPP, MPHIL, A N INVESTIGATOR IN THE SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY AT BETH ISRAEL DEAC ONESS MEDICAL CENTER "BUT THE FINANCIAL PENALTIES IMPOSED BY HRRP MAY HAVE ALSO INADVERTE NTLY PUSHED SOME PHYSICIANS TO AVOID READMITTING PATIENTS WHO NEEDED HOSPITAL CARE, OR POT ENTIALLY DIVERTED HOSPITAL RESOURCES AND EFFORTS AWAY FROM OTHER QUALITY IMPROVEMENT INITI ATIVES "EXAMINING MORE THAN 8 MILLION MEDICARE FEE-FOR-SERVICE HOSPITALIZATIONS FROM 2005 TO 2015, THE RESEARCHERS FOUND THAT 30-DAY POST-DISCHARGE MORTALITY AMONG PATIENTS HOSPITA LIZED FOR HEART FAILURE ALREADY ON THE RISE BEFORE THE HRRP WAS IMPLEMENTED ONLY ACCELERAT ED AFTERWARD THE TEAM ALSO FOUND MORTALITY RATES AMONG PATIENTS WITH PNEUMONIA, WHICH HAD BEEN STABLE PRIOR TO HRRP, BEGAN INCREASING AFTER ITS IMPLEMENTATION FURTHER RESEARCH IS REQUIRED TO DETERMINE WHETHER THE HRRP ALONE IS RESPONSIBLE, BUT IF IT IS, THE DATA SUGGE ST THAT THE POLICY MAY HAVE RESULTED IN AN ADDITIONAL 10,000 DEATHS DURING THE FIVE-YEAR P ERIOD AFTER HRRP WAS IMPLEMENTED "THIS IS AN EXAMPLE OF HOW WE CAN'T ALWAYS PREDICT THE C ONSEQUENCES OF APPLYING EXTERNAL INCENTIVES TO MEDICAL CARE," SAID CO-CORRESPONDING AUTHOR ROBERT YEH, MD, MSC, DIRECTOR OF THE SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY AT BETH ISRAEL DEACONESS MEDICAL CENTER AND ASSOCIATE PROFESSOR OF MEDICINE AT HARVARD MEDICA L SCHOOL</p>

Form and Line Reference	Explanation
MAPPING THE BRAIN'S FUNCTIONS AND DISORDERS	<p>NEUROSCIENTISTS LED BY MICHAEL D. FOX, MD, PHD, OF BETH ISRAEL DEACONESS MEDICAL CENTER USED DATA FROM THE HUMAN BRAIN CONNECTOME, A PUBLICLY AVAILABLE "WIRING DIAGRAM" OF THE HUMAN BRAIN BASED ON DATA FROM THOUSANDS OF HEALTHY HUMAN VOLUNTEERS TO REASSESS THE FINDINGS FROM NEUROIMAGING STUDIES. DR. FOX AND COLLEAGUES HAVE PREVIOUSLY USED THE NETWORK MAPPING TECHNIQUE PIONEERED BY DR. FOX AND OTHERS TO REVEAL WHICH PARTS OF THE BRAIN ARE RESPONSIBLE FOR A NUMBER OF SYMPTOMS, CONDITIONS, BEHAVIOR AND EVEN CONSCIOUSNESS. NOW THE METHOD COULD PAVE THE WAY TO A DEEPER UNDERSTANDING OF ALZHEIMER'S AND OTHER BRAIN DISEASES. DR. FOX AND COLLEAGUES ANALYZED RESULTS FROM 26 NEUROIMAGING STUDIES OF THE BRAINS OF PATIENTS WITH ALZHEIMER'S DISEASE INVESTIGATING ABNORMALITIES IN STRUCTURE, METABOLISM OR CIRCULATION, HOWEVER, THE FINDINGS WERE SEEMINGLY INCONSISTENT. NO SINGLE BRAIN REGION CONSISTENTLY DEMONSTRATED NEUROIMAGING ABNORMALITIES IN PATIENTS WITH A COMMON DISEASE. HOWEVER, WHEN DR. FOX'S TEAM MAPPED THESE VARIOUS NEUROIMAGING ABNORMALITIES TO THE HUMAN CONNECTOME, THE WIRING DIAGRAM OF THE HUMAN BRAIN, A DIFFERENT PICTURE EMERGED. "IN NEUROIMAGING, A COMMON ASSUMPTION IS THAT STUDIES OF SPECIFIC DISEASES OR SYMPTOMS SHOULD ALL IMPLICATE A SPECIFIC BRAIN REGION," SAID DR. FOX, DIRECTOR OF THE LABORATORY FOR BRAIN NETWORK IMAGING AND MODULATION AT BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ASSOCIATE PROFESSOR OF NEUROLOGY AT HARVARD MEDICAL SCHOOL. "HOWEVER, COGNITIVE FUNCTIONS, NEUROPSYCHIATRIC SYMPTOMS AND DISEASES MAY BETTER MAP TO BRAIN NETWORKS RATHER THAN SINGLE BRAIN REGIONS. WHEN WE APPLIED THIS APPROACH TO OUR 26 STUDIES, WE FOUND THAT 100 PERCENT OF STUDIES REPORTED NEUROIMAGING ABNORMALITIES THAT WERE PART OF THE SAME CONNECTED BRAIN NETWORK. THESE RESULTS MAY HELP RECONCILE INCONSISTENT NEUROIMAGING FINDINGS AS WELL AS IMPROVE OUR ABILITY TO LINK BRAIN SYMPTOMS OR DISEASES TO NEUROANATOMY," MORE THAN THE SUM OF ITS PARTS. NEW DRUG COMBINATIONS IN THE ERA OF ANTIBIOTIC-RESISTANT BACTERIA DEVELOPMENT OF NEW CLASSES OF ANTIBIOTICS HAS SLOWED, EVEN AS BACTERIAL RESISTANCE TO EXISTING DRUGS IS ON THE RISE. NOW, BETH ISRAEL DEACONESS MEDICAL CENTER INVESTIGATORS ARE STUDYING THE POTENTIAL OF COMBINATION THERAPY, IN WHICH TWO OR MORE DRUGS ARE USED TOGETHER TO INCREASE OR RESTORE THE EFFICACY OF BOTH DRUGS AGAINST A RESISTANT BACTERIAL PATHOGEN. SENIOR AUTHOR JAMES KIRBY, MD, DIRECTOR OF THE CLINICAL MICROBIOLOGY LABORATORY AT BETH ISRAEL DEACONESS MEDICAL CENTER, AND COLLEAGUES SCREENED 19 DIFFERENT ANTIBIOTICS FOR SYNERGY WITH COLISTIN, NOW CONSIDERED A TREATMENT OF LAST RESORT. THE TEAM DISCOVERED SEVERAL COMBINATIONS WHERE SYNERGY WAS PRESENT AND INFECTIONS WITH RESISTANT PATHOGENS COULD POTENTIALLY BE TREATED WITH THE COMBINATION THERAPY. THE FINDINGS ARE ESPECIALLY PROMISING BECAUSE RECENT EVIDENCE INDICATES THE POTENTIAL FOR RAPID WORLDWIDE SPREAD OF COLISTIN RESISTANCE. "IT WAS REMARKABLE TO SEE TWO DRUGS, EACH OF WHICH IS INACTIVE ON ITS OWN AGAINST THESE BACTERIA, INHIBITING THEM IN COMBINATION," THE SCIENTISTS NOTED. "FACED WITH HIGHLY RESISTANT PATHOGENS, CLINICIANS OFTEN CURRENTLY TREAT WITH MULTIPLE ANTIBIOTICS WITHOUT KNOWING THE BENEFIT THE COMBINATIONS MAY PROVIDE," SAID DR. KIRBY. "THIS STUDY NOW PROVIDES SOME SCIENTIFIC UNDERPINNING FOR THESE CHOICES AND DIRECTION FOR FUTURE INVESTIGATION." HE ADDED THAT COMBINATION THERAPY MAY ALSO ALLOW CLINICIANS TO USE LOWER EFFECTIVE DOSES OF COLISTIN AND OTHER DRUGS, WHICH WOULD HELP AVOID TOXICITIES ASSOCIATED WITH THE MEDICATIONS AS WELL AS SLOW THE DEVELOPMENT OF ANTIBIOTIC RESISTANCE. RESEARCHERS DISCOVER SIMPLE TREATMENT FOR ACUTE KIDNEY INJURY. A MULTIDISCIPLINARY RESEARCH TEAM LED BY BETH ISRAEL DEACONESS MEDICAL CENTER NEPHROLOGIST AND PRINCIPAL INVESTIGATOR SAMIR M. PARIKH, MD, HAS NOW DETERMINED THAT A FORM OF VITAMIN B3 HAS THE POTENTIAL TO PREVENT ACUTE KIDNEY INJURY, AN OFTEN FATAL CONDITION WITHOUT A SPECIFIC TREATMENT THAT AFFECTS UP TO 10 PERCENT OF ALL HOSPITALIZED ADULTS IN THE UNITED STATES. DR. PARIKH AND COLLEAGUES STUDIED THE METABOLIC CHANGES ASSOCIATED WITH ACUTE KIDNEY INJURY IN A MOUSE MODEL. A URINE SCREEN REVEALED THAT LEVELS OF NICOTINAMIDE ADENINE DINUCLEOTIDE (NAD+) THE END RESULT OF VITAMIN B3 AFTER IT IS INGESTED DECLINES IN CASES OF ACUTE KIDNEY INJURY. AFTER CONFIRMING THIS METABOLIC PATTERN IN A SUBSEQUENT STUDY OF 329 INTENSIVE CARE UNIT PATIENTS ALSO AT RISK FOR ACUTE KIDNEY INJURY, THE RESEARCHERS THEN GAVE LARGE DOSES OF ORAL VITAMIN B3 TO 41 CARDIAC SURGERY PATIENTS ENROLLED IN A PHASE 1 PILOT STUDY. "WE FOUND THAT ORAL VITAMIN B3 COULD SAFELY ELEVATE NAD+ IN HIGH-RISK PATIENTS," SAID DR. PARIKH, WHO IS ALSO AN ASSOCIATE PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL. "THESE FINDINGS ARE VERY EARLY, BUT THE RESULTS SUGGEST THAT WE COULD ONE DAY HAVE A NON-INVASIVE TEST FOR NAD+ STATUS AND PERHAPS EVEN TREAT ACUTE KIDNEY INJURY BY BOOSTING NAD+ LEVELS." *MASSACHUSETTS' ICU NURSE STAFFING REGULATIONS HAD NO IMPACT ON</p>

Form and Line Reference	Explanation
<p>MAPPING THE BRAIN'S FUNCTIONS AND DISORDERS</p>	<p>N PATIENT MORTALITY OF COMPLICATIONS IN 2014, MASSACHUSETTS LAWMAKERS PASSED A LAW REGULATING PATIENT-TO-NURSE STAFFING RATIO IN THE STATE'S INTENSIVE CARE UNITS (ICU). THE REGULATIONS WERE INTENDED TO ENSURE PATIENT SAFETY IN THE STATE'S ICUS, BUT NEW RESEARCH LED BY PHYSICIAN-RESEARCHERS AT BETH ISRAEL DEACONESS MEDICAL CENTER AND PUBLISHED IN CRITICAL CARE MEDICINE FOUND THE STAFFING REGULATIONS WERE NOT ASSOCIATED WITH IMPROVED PATIENT OUTCOMES. LEAD BY ANICA C. LAW, MD, CORE FACULTY AT THE CENTER FOR HEALTHCARE DELIVERY SCIENCE AND STAFF PHYSICIAN IN THE DIVISION OF PULMONARY, CRITICAL CARE, AND SLEEP MEDICINE AT BETH ISRAEL DEACONESS MEDICAL CENTER, RESEARCHERS EXAMINED RECORDS FROM 246 MEDICAL CENTERS NATIONWIDE, COMPARING PATIENT OUTCOMES IN MASSACHUSETTS' SIX ACADEMIC ICUS WITH OUTCOMES IN 114 OUT-OF-STATE ACADEMIC ICUS BEFORE, DURING AND AFTER THE STATE MANDATE WAS IMPLEMENTED. ANALYZING TENS OF THOUSANDS OF ICU ADMISSIONS RECORDS, DR. LAW AND COLLEAGUES FOUND THAT RISK OF MORTALITY AND RISK OF COMPLICATIONS IN MASSACHUSETTS' ICUS REMAINED STABLE AFTER THE LAW'S IMPLEMENTATION, WITH NO SIGNIFICANT DIFFERENCE IN TRENDS COMPARED TO OUT-OF-STATE HOSPITALS. "OUR RESULTS SUGGEST THAT THE MASSACHUSETTS NURSING REGULATIONS WERE NOT ASSOCIATED WITH CHANGES IN STAFFING OR PATIENT OUTCOMES," SAID DR. LAW. "THE MODEST CHANGES IN NURSE STAFFING WE SAW IN MASSACHUSETTS APPROXIMATELY ONE EXTRA NURSE PER 20-BED ICU PER 12-HOUR SHIFT REMAINED UNASSOCIATED WITH CHANGES IN HOSPITAL MORTALITY." FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS GRADUATE MEDICAL EDUCATION: THE MEDICAL CENTER'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEEES AND WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS, RESIDENTS AND FELLOWS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES. THE MEDICAL CENTER HAS 55 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 653 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 45 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 65 TRAINEES PER YEAR. STAFF PHYSICIANS AT THE MEDICAL CENTER WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF THEIR DAILY PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES. CORE CLINICAL TRAINING PROGRAMS: THE MEDICAL CENTER SPONSORS CORE CLINICAL TRAINING PROGRAMS IN THE FOLLOWING FIELDS - ANESTHESIOLOGY- EMERGENCY MEDICINE- INTERNAL MEDICINE- NEUROLOGY- NEUROSURGERY- OBSTETRICS AND GYNECOLOGY- PATHOLOGY- PSYCHIATRY- RADIOLOGY- SURGERY- TRANSITIONAL YEAR. DURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER HAD NET EXPENDITURES OF \$ 74,862,985 REPORTED ON THIS SCHEDULE H, PART I, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 4.26% OF THE MEDICAL CENTER'S TOTAL EXPENSES. RESIDENCY PROGRAMS: THE MEDICAL CENTER SPONSORS ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED RESIDENCY PROGRAMS IN EACH OF THE CORE CLINICAL TRAINING PROGRAMS LISTED ABOVE.</p>

Form and Line Reference	Explanation
FELLOWSHIP PROGRAMS	<p>IN ADDITION TO THE RESIDENT TRAINING PROGRAMS LISTED ABOVE, THE MEDICAL CENTER SPONSORS A WIDE VARIETY OF FELLOWSHIP TRAINING PROGRAMS FOR ELIGIBLE DOCTORS WHO HAVE COMPLETED THEIR RESIDENCY AND WANT TO ENGAGE IN MORE SPECIALIZED STUDY OVER HALF OF THESE PROGRAMS (55 OF 90) ARE ACGME APPROVED OR APPROVED BY A COMPARABLE BODY RELATED TO THE PARTICULAR SUBSPECIALTY. THE MEDICAL CENTER SPONSORS THE FOLLOWING FELLOWSHIP PROGRAMS - ANESTHESIA, ADULT CARDIOTHORACIC ANESTHESIOLOGY, ADVANCED CLINICAL ANESTHESIA, CRITICAL CARE MEDICINE, NEUROANESTHESIA, OBSTETRIC ANESTHESIOLOGY, PAIN MEDICINE, REGIONAL ANESTHESIA, VASCULAR ANESTHESIOLOGY, PATIENT SAFETY AND QUALITY IMPROVEMENT IN ANESTHESIA- EMERGENCY MEDICINE, EMERGENCY MEDICAL SERVICES, EMERGENCY ULTRASOUND, DISASTER MEDICINE, ACADEMIC EMERGENCY MEDICINE- INTERNAL MEDICINE, ADVANCED CARDIAC NON-INVASIVE IMAGING, ADVANCED ENDOSCOPY, CARDIAC MAGNETIC RESONANCE IMAGING, CARDIOVASCULAR DISEASE, CELIAC DISEASE, CLINICAL CARDIAC ELECTROPHYSIOLOGY, CLINICAL INFORMATICS, ENDOCRINOLOGY, DIABETES, AND METABOLISM, GASTROENTEROLOGY, GENERAL MEDICINE, GERIATRIC MEDICINE, GERIATRIC AND DIABETES, GI MOTILITY/FUNCTIONAL BOWEL DISORDERS, GLOBAL HEALTH, HEMATOLOGY AND ONCOLOGY, HEPATOLOGY, HOSPICE AND PALLIATIVE CARE, INFECTIOUS DISEASE, INFLAMMATORY BOWEL DISEASE, INTERVENTIONAL CARDIOLOGY, INTERVENTIONAL PULMONOLOGY, NEPHROLOGY, PULMONARY CRITICAL CARE, RHEUMATOLOGY, SLEEP MEDICINE, SLEEP RESPIRATION, STRUCTURAL HEART DISEASE, TRANSPLANT HEPATOLOGY, TRANSPLANT NEPHROLOGY- NEUROLOGY, AUTONOMIC DISORDERS, COGNITIVE BEHAVIORAL NEUROLOGY, CLINICAL NEUROPHYSIOLOGY, EPILEPSY, MOVEMENT DISORDERS, MULTIPLE SCLEROSIS, NEUROLOGY-HIV, NEUROMUSCULAR MEDICINE, NEURO-ONCOLOGY, VASCULAR NEUROLOGY- OBSTETRICS AND GYNECOLOGY, FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY, MATERNAL FETAL MEDICINE, MINIMALLY INVASIVE GYNCOLOGIC SURGERY, REPRODUCTIVE ENDOCRINOLOGY- PATHOLOGY, BLOOD BANKING/TRANSFUSION MEDICINE, CYTOPATHOLOGY, DERMATOPATHOLOGY, HEMATOLOGY, MEDICAL MICROBIOLOGY, MEDICAL MICROBIOLOGY CPEP, NEUROPATHOLOGY, SELECTIVE PATHOLOGY - RADIOLOGY-DIAGNOSTIC, ABDOMINAL RADIOLOGY, BREAST IMAGING RADIOLOGY, INTERVENTIONAL RADIOLOGY-INDEPENDENT, INTERVENTIONAL RADIOLOGY-INTEGRATED MRI, MUSCULOSKELETAL IMAGING, MSK, NEURORADIOLOGY, THORACIC IMAGING RADIOLOGY, VASCULAR AND INTERVENTIONAL RADIOLOGY, RADIATION ONCOLOGY- SURGERY, ABDOMINAL TRANSPLANT SURGERY/KIDNEY, COLORECTAL SURGERY, CORNEA AND REFRACTIVE SURGERY, CEREBROVASCULAR AND ENDOVASCULAR NEUROSURGERY, INTERDISCIPLINARY BREAST SURGERY, MINIMALLY INVASIVE BARIATRIC SURGERY, NEUROSURGERY/ORTHO SPINE, NEUROSURGICAL ONCOLOGY & STEREOACTIC NEUROSURGERY, ORTHOPAEDIC HAND SURGERY, ORTHOPAEDIC SPINE SURGERY, PLASTIC HAND SURGERY, PLASTIC SURGERY/AESTHETIC RECONSTRUCTION, PODIATRY, SURGICAL CRITICAL CARE, THORACIC SURGERY, UROLOGY, UROLOGY MALE INFERTILITY/SEXUAL DYSFUNCTION, VASCULAR SURGERY, VASCULAR SURGERY-INTEGRATED.</p> <p>ADDITIONAL INFORMATION ON CLINICAL RESIDENCY AND FELLOWSHIPS --</p> <p>EXAMPLES BELOW IS MORE DETAIL ON JUST A FEW OF THE SPECIFIC GRADUATE MEDICAL EDUCATION PROGRAMS OFFERED AT THE MEDICAL CENTER. HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY AT BIDMC, THE BETH ISRAEL DEACONESS MEDICAL CENTER. HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY IS A THREE-YEAR PROGRAM (PGY-1 TO PGY-3) IS AFFILIATED WITH HARVARD MEDICAL SCHOOL AND IS BASED AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), A 57,000 VISIT PER YEAR LEVEL I TRAUMA CENTER. RESIDENTS ROTATE AT CHILDREN'S HOSPITAL, BOSTON, BROCKTON HOSPITAL, CAMBRIDGE HOSPITAL, TUFTS MEDICAL CENTER, ST VINCENT HOSPITAL, ST LUKE'S HOSPITAL, MOUNT AUBURN HOSPITAL AND BETH ISRAEL DEACONESS HOSPITAL. NEEDHAM.</p> <p>THE EDUCATIONAL GOALS OF THE RESIDENCY ARE TO PROMOTE EXCELLENCE IN THE CLINICAL, ACADEMIC, AND ADMINISTRATIVE ASPECTS OF EMERGENCY MEDICINE. RESIDENTS ARE TAUGHT HOW TO BE OUTSTANDING CLINICIANS. THIS IS ACCOMPLISHED THROUGH CLINICAL EXPERIENCE IN SEVERAL BUSY EMERGENCY DEPARTMENTS AS WELL AS THROUGH A HIGH QUALITY DIDACTIC PROGRAM. DURING THE CLINICAL EXPERIENCE, THE RESIDENTS ARE CLOSELY SUPERVISED AND GIVEN GRADED RESPONSIBILITY FOR PATIENT CARE AND ULTIMATELY FOR PATIENT FLOW IN THE EMERGENCY DEPARTMENT. ADDITIONALLY, RESIDENTS ARE TAUGHT HOW TO SUPERVISE MEDICAL STUDENTS AND OTHER RESIDENTS AND HOW TO TEACH THE PRACTICE OF EMERGENCY MEDICINE. RESIDENTS TEACH MEDICAL STUDENTS AND PREHOSPITAL PERSONNEL AND CONTRIBUTE TO THE DIDACTIC PROGRAM. SENIOR RESIDENTS TAKE ON THE RESPONSIBILITY OF SUPERVISING JUNIOR RESIDENTS IN THE CLINICAL ARENA. THE FOCUS OF THE RESIDENCY PROGRAM IS ON TEACHING THE LEADERSHIP SKILLS NECESSARY TO DIRECT A BUSY EMERGENCY DEPARTMENT IN ANY SETTING. THE OTHER MAJOR EDUCATIONAL GOAL OF THE RESIDENCY IS TO DEVELOP THE RESEARCH AND ACADEMIC SKILLS REQUIRED FOR A CAREER IN ACADEMIC EMERGENCY MEDICINE. PARTICIPATION IN RESEARCH IS PROMOTED THROUGH A SYSTEM OF MENTORSHIP, JOURNAL CLUB PARTICIPATION, AND A DIDACTIC PROGRAM THAT TEACHES RESEARCH DESIGN AND STATISTICAL METHODS. RESIDENTS ARE R</p>

Form and Line Reference	Explanation
FELLOWSHIP PROGRAMS	<p>REQUIRED TO COMPLETE A RESEARCH OR ACADEMIC PROJECT THAT RESULTS IN A PAPER SUITABLE FOR PUBLICATION. FUNDING IS AVAILABLE WITHIN THE DIVISION OF EMERGENCY MEDICINE AT HARVARD MEDICAL SCHOOL AND THE DEPARTMENT OF EMERGENCY MEDICINE AT BIDMC. PROMOTING THE ADMINISTRATIVE ASPECTS OF EMERGENCY MEDICINE IS ANOTHER GOAL OF THE BIDMC HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY. THROUGH AN EMS/ADMINISTRATIVE ROTATION AND A LONGITUDINAL EXPERIENCE IN PREHOSPITAL ADMINISTRATION, RESIDENTS GAIN EXPERIENCE IN RUNNING A LOCAL PREHOSPITAL SYSTEM. THIS PROGRAM TAKES ADVANTAGE OF THE UNIQUE ACADEMIC OPPORTUNITIES AT HARVARD MEDICAL SCHOOL, THE HARVARD TEACHING HOSPITALS, AND THE HARVARD SCHOOL OF PUBLIC HEALTH. THESE OPPORTUNITIES INCLUDE THE OUTSTANDING EXPERIENCE AVAILABLE THROUGH BOSTON CHILDREN'S HOSPITAL AND THE DEPARTMENTS OF MEDICINE, SURGERY, OBSTETRICS AND GYNECOLOGY, AND ANESTHESIA AT BETH ISRAEL DEACONESS MEDICAL CENTER. INTERNAL MEDICINE EDUCATION AT BIDMC. THE GOAL OF THIS PROGRAM IS TO DEVELOP EACH RESIDENT'S JUDGMENT AND SKILLS TO PROVIDE THE HIGHEST QUALITY MEDICAL CARE. THE MEDICAL CENTER TRAINS RESIDENTS AS ACADEMIC INTERNISTS AND PROVIDES THE FOUNDATION FOR THE PRACTICE OF INTERNAL MEDICINE OR FOR SUBSEQUENT CLINICAL AND RESEARCH TRAINING IN MEDICAL SUBSPECIALTIES. RESIDENTS ARE EXPOSED TO A WIDE ARRAY OF PATIENTS IN VARIOUS INPATIENT AND OUTPATIENT SETTINGS, INCLUDING DIFFERENT UNITS WITHIN BIDMC, DANA-FARBER CANCER INSTITUTE, AND WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER. CLINICAL TEACHING IS A FOCUS AT BIDMC AND IS COMPRISED OF FORMAL AND INFORMAL DAILY ROUNDS AND NOONTIME CONFERENCES. THIS TEACHING PROVIDES THE BASIS OF AN ORGANIZED CURRICULUM FOR ALL MEDICAL INTERNS AND RESIDENTS AT BIDMC. INTERNSHIP. THE INTERNSHIP YEAR EMPHASIZES THE CARE OF PATIENTS IN GENERAL INPATIENT MEDICINE, INTENSIVE CARE MEDICINE, ONCOLOGY, CARDIOLOGY, EMERGENCY MEDICINE AND AMBULATORY CARE UTILIZING BOTH CAMPUSES AND SELECTED OUTSIDE SITES. WORKING AS PART OF A 2-4 PHYSICIAN TEAM WHICH INCLUDES AN OVERSEEING RESIDENT, ATTENDING STAFF AND OFTEN MEDICAL STUDENTS, INTERNS GAIN EXPERIENCE IN THE MANAGEMENT OF PATIENTS WITH A BROAD RANGE OF MEDICAL DISEASES. INTERNS HAVE PRIMARY RESPONSIBILITY FOR THE CARE OF ALL PATIENTS ADMITTED TO THE MEDICAL WARD SERVICE AND ARE CONSIDERED THEIR PATIENT'S PRIMARY INPATIENT DOCTOR FOR THE DURATION OF THE HOSPITALIZATION. THROUGHOUT INTERN YEAR, INTERNS MAINTAIN A LONGITUDINAL CONTINUITY CLINIC EXPERIENCE WHERE THEY DEVELOP A PANEL OF THEIR OWN PRIMARY CARE PATIENTS. DURING MOST OF THE YEAR, WITH THE EXCEPTION OF INTENSIVE CARE ROTATIONS, AN INTERN WILL HAVE CLINIC ONE HALF-DAY PER WEEK. DISTRIBUTED THROUGHOUT THE YEAR ARE FOUR "AMBULATORY BLOCKS" OF TWO WEEKS DURATION. DURING THIS TIME THE INTERN IS IN THEIR CONTINUITY CLINIC EVERY AFTERNOON AND ATTENDS OUTPATIENT SPECIFIC DIDACTIC LECTURES DURING THE MORNING HOURS. AS MEMBERS OF THE HARVARD FACULTY, INTERNS PLAY AN IMPORTANT ROLE IN TEACHING, BOTH OF THEIR PEERS AND OF ROTATING MEDICAL STUDENTS. WHILE ON THE MEDICAL WARDS, INTERNS PROVIDE DAILY CLINICAL GUIDANCE AND TEACHING TO THIRD AND FOURTH YEAR MEDICAL STUDENTS. AS PART OF THE AMBULATORY CARE CURRICULUM, INTERNS WILL ALSO HAVE THE OPPORTUNITY TO LEAD PRE-CLINIC CONFERENCES. DURING THE YEAR, THERE ARE SPECIAL INTERN-ONLY EDUCATIONAL ACTIVITIES INCLUDING THE TWICE-WEEKLY INTERN REPORT, MONTHLY INTERN FORUM SESSIONS AND BI-ANNUAL 24-HOUR INTERN RETREATS.</p>

Form and Line Reference	Explanation
JUNIOR AND SENIOR RESIDENCY	<p>RESIDENCY SOLIDIFIES CLINICAL AND TEACHING SKILLS AND ALLOWS TRAINEES TO EXPERIENCE LEADERSHIP OF A MEDICAL TEAM. JUNIOR RESIDENCY PROVIDES THE FIRST OPPORTUNITY FOR RESIDENTS TO SUPERVISE HOUSESTAFF TEAMS ON GENERAL MEDICAL SERVICES AND IN THE MEDICAL AND CARDIAC INTENSIVE CARE UNITS. SENIOR RESIDENCY PROMOTES CONSOLIDATION AND REFINEMENT OF THESE SKILLS, WITH ATTENDINGS ALLOWING INCREASING AUTONOMY. THE RESIDENT ON THE SERVICE IS LOOKED ON AS THE TEAM LEADER AND ASSUMES PRIMARY RESPONSIBILITY FOR TEACHING OF THE TEAM. RESIDENCY ALSO PROVIDES OPPORTUNITIES FOR INCREASED ELECTIVE TIME TO SAMPLE SUBSPECIALTY ROTATIONS. THIS PROVIDES ADDITIONAL SPECIALTY TRAINING IN AREAS OF INTEREST. THE ELECTIVE OPPORTUNITIES ARE DIVERSE, RANGING FROM ELECTROPHYSIOLOGY TO MUSCULOSKELETAL MEDICINE TO HEALTH POLICY. RESIDENTS ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN ONE OF SEVERAL "TRACKS" WITHIN THE RESIDENCY PROGRAM IF INTERESTED IN ADDITIONAL SPECIFIC TRAINING RESOURCES AND EXPERIENCES. TEACHING AS A RESIDENT AS MENTIONED ABOVE, RESIDENTS ARE VIEWED AS SOME OF THE PRIMARY TEACHERS WITHIN THE DEPARTMENT OF MEDICINE. SOME OF THESE TEACHING OPPORTUNITIES WILL ALSO BE OBSERVED BY DEPARTMENT FACULTY TO HELP THE RESIDENT REFINE THE STYLE AND EFFECTIVENESS OF THEIR TEACHING. TEACHING OPPORTUNITIES WILL INCLUDE LEADING INPATIENT MEDICINE ROUNDS - RESIDENTS ARE IN CHARGE OF RUNNING WARD ROUNDS. MEDICAL STUDENTS AND INTERNS PRESENT TO THE RESIDENT DURING ROUNDS. THE ATTENDING HOSPITALIST IS CONSIDERED THE RESIDENT'S CONSULTANT, WITH THE RESIDENT RETAINING THE PRIMARY DECISION-MAKING ROLE FOR THE PATIENTS ON THEIR SERVICE - DURING THE MONTHS ON MEDICAL WARDS, THE CHIEF RESIDENTS AND FIRM CHIEFS ARE ASSIGNED TO DO WALK ROUNDS ONCE EACH WEEK WITH ONE OF THE RESIDENTS ON THEIR FIRM. THEY WILL OBSERVE THE RESIDENT RUNNING THE WARD ROUNDS AND PROVIDE FEEDBACK ON THE TEACHING SKILLS OBSERVED DURING ROUNDS LEADING TEACHING ATTENDING ROUNDS - DURING EVERY ROTATION ON THE MEDICAL WARDS, EACH RESIDENT WILL LEAD ONE TO THREE ATTENDING ROUNDS SESSIONS. THE TWO TEACHING ATTENDINGS HELP PROVIDE FEEDBACK ON THE RESIDENT'S SMALL GROUP DISCUSSION AND TEACHING SKILLS. SMALL GROUP PRESENTATIONS - DURING AMBULATORY WEEKS, RESIDENTS WILL LEAD A MAJORITY OF THE PRE-CLINIC CONFERENCES, TYPICALLY PRESENTING EITHER A CHALLENGING AMBULATORY CASE OR AMBULATORY-BASED TOPIC - ONCE DURING RESIDENCY, EACH JUNIOR RESIDENT WILL ALSO PRESENT A JOURNAL ARTICLE OF AMBULATORY CARE SIGNIFICANCE AT AMBULATORY JOURNAL CLUB TO A SMALL GROUP OF THEIR PEERS. INTERNAL MEDICINE GLOBAL HEALTH PROGRAM OUR MISSION IS TO TRAIN LEADERS IN GLOBAL HEALTH TO BE EFFECTIVE PRACTITIONERS IN UNDERSERVED, RESOURCE-LIMITED SETTINGS AND TO DESIGN, MANAGE, IMPROVE AND EVALUATE GLOBAL PUBLIC HEALTH PROGRAMS THAT ADDRESS THE HEALTH PROBLEMS OF THE WORLD'S NEEDIEST POPULATIONS PROGRAM OBJECTIVES - INTRODUCE GLOBAL HEALTH ISSUES TO BIDMC MEDICAL RESIDENTS - CONTRIBUTE TO THE HEALTH AND WELL-BEING OF UNDERSERVED POPULATIONS IN BOSTON AND AROUND THE WORLD - ENRICH THE MEDICAL KNOWLEDGE AND ENHANCE THE CLINICAL SKILLS OF RESIDENTS BY PRACTICING IN UNIQUE SETTINGS WITH LIMITED RESOURCES - EXPAND RESEARCH OPPORTUNITIES - ADVANCE THE CAREERS OF BIDMC RESIDENTS IN THE FIELDS OF INTERNATIONAL HEALTH, PUBLIC POLICY AND RESEARCH SITE LOCATIONS - BOTSWANA THE DEPARTMENT HAS A PERMANENT PRESENCE IN BOTSWANA WITH A MEMBER OF OUR DEPARTMENT FULL-TIME AT SCOTTISH LIVINGSTONE HOSPITAL IN MOLEPOLOLE, BOTSWANA - VIETNAM THE MEDICAL CENTER HAS A PERMANENT PRESENCE IN VIETNAM. PHYSICIAN AND NURSE TRAINING ON HIV/AIDS CARE IN VIETNAM TAKES PLACE THROUGH FUNDING FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION - ADDITIONAL LOCATIONS THE DEPARTMENT OFFERS ROTATIONS AT THE ALBERT SCHWEITZER HOSPITAL IN GABON AND OTHER INTERNATIONAL SITES. RESIDENTS CAN ALSO DO ROTATIONS THROUGH THE INDIAN HEALTH SERVICE OR AT BIDMC-AFFILIATED COMMUNITY HEALTH CENTERS. GLOBAL HEALTH TRACK LEARNING HOW TO WORK EFFECTIVELY IN RESOURCE-LIMITED SETTINGS REQUIRES BOTH TRAINING AND EXPERIENCE. PARTICIPANTS IN THE GLOBAL HEALTH TRACK WILL PARTICIPATE WITH LEARNERS FROM AROUND THE WORLD IN THE GLOBAL HEALTH EFFECTIVENESS PROGRAM AT THE HARVARD SCHOOL OF PUBLIC HEALTH, THEY WILL ENGAGE IN OUR HOSPITAL-WIDE, YEAR-LONG GLOBAL HEALTH CURRICULUM AND JOURNAL CLUB, AND THEY WILL BE GIVEN THE OPPORTUNITY FOR TWO FIELD EXPERIENCES DURING RESIDENCY. HOSPITAL-WIDE GLOBAL HEALTH PROGRAM THE BIDMC GLOBAL HEALTH PROGRAM IS A HOSPITAL-WIDE PROGRAM AVAILABLE TO ALL BIDMC RESIDENTS. WHILE REQUIREMENTS AND TIMELINES MAY DIFFER BETWEEN DEPARTMENTS AND SPECIALTIES, THE OVERARCHING GOAL IS TO PROVIDE RESIDENTS WITH FURTHER TRAINING AND EDUCATION IN THE DISCIPLINE OF GLOBAL HEALTH. NEUROLOGY EDUCATION AT BIDMC THE HARVARD MEDICAL SCHOOL NEUROLOGY PROGRAM AT BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL IN BOSTON, MASSACHUSETTS WAS FOUNDED IN 1996 AS THE SUCCESSOR TO THE HARVARD-LONGWOOD NEUROLOGY PROGRAM. THE PROGRAM CONCENTRATES ON THE TRAINING</p>

Form and Line Reference	Explanation
JUNIOR AND SENIOR RESIDENCY	<p>G AND RESEARCH OPPORTUNITIES AVAILABLE ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS, BY COMBINING THE RESOURCES OF TWO MAJOR HARVARD TEACHING HOSPITALS, BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL. THESE COMBINED HOSPITALS, WITH OVER 800 INPATIENT BEDS AND EXTENSIVE OUTPATIENT CLINICS, PROVIDE THE SETTING FOR TRAINING PHYSICIANS IN THE ART AND SCIENCE OF CLINICAL NEUROLOGY. THE COMBINED FACULTY CONSISTS OF MORE THAN 80 NEUROLOGISTS AT THE TWO PARTICIPATING HOSPITALS, AND PROVIDES CORE EXPERIENCES IN INPATIENT AND OUTPATIENT NEUROLOGY, AS WELL AS TRAINING IN ELECTROPHYSIOLOGY (INCLUDING EEG, EMG, AND SLEEP POLYSOMNOGRAPHY) AND NEUROPATHOLOGY. THE KEY DISTINGUISHING FEATURE OF THE PROGRAM IS THE CLOSE RELATIONSHIP BETWEEN THE CLINICAL FACULTY, NEARLY ALL OF WHOM ARE FULL-TIME ACADEMIC NEUROLOGISTS ENGAGED IN SUBSTANTIVE RESEARCH AND TEACHING EFFORTS, AND A SELECT GROUP OF RESIDENTS WHO ARE KEENLY INTERESTED IN FORGING ACADEMIC CAREERS IN NEUROLOGY. VIRTUALLY ALL OF THE CLINICAL TRAINING TAKES PLACE WITHIN A 2 BLOCK RADIUS ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS. A CRITICAL COMPONENT OF THE PROGRAM IS THE OPPORTUNITY FOR RESIDENTS TO HAVE A MENTORED TEACHING EXPERIENCE AS WELL AS THE OPPORTUNITY TO UNDERTAKE A MENTORED PROJECT, WHICH MAY ENTAIL EITHER CLINICAL OR LABORATORY BASED INVESTIGATION OR PREPARATION OF INNOVATIVE TEACHING MATERIALS OR METHODS.</p>

Form and Line Reference	Explanation
PATHOLOGY EDUCATION AT BIDMC	<p>THE DEPARTMENT OF PATHOLOGY AT BETH ISRAEL DEACONESS MEDICAL CENTER IS COMMITTED TO PROVIDING STATE-OF-THE-ART TRAINING TO PREPARE PHYSICIANS FOR LEADERSHIP ROLES IN PATHOLOGY AND ACADEMIC MEDICINE. THE PROGRAM OFFERS THREE RESIDENT TRAINING PATHWAYS. FIRST, A COMBINED ANATOMIC PATHOLOGY/CLINICAL PATHOLOGY (AP/CP) PATHWAY PROVIDES COMPREHENSIVE TRAINING IN ALL AREAS OF TISSUE DIAGNOSTICS AND LABORATORY MEDICINE. SECOND, THE AP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS ACADEMIC SURGICAL PATHOLOGISTS. THIRD, THE CP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS FUTURE LEADERS IN LABORATORY MEDICINE. ALL PATHWAYS INCLUDE EXTENSIVE OPPORTUNITIES TO PARTICIPATE IN RESEARCH PROJECTS WITH WORLD-RENOWNED EXPERTS IN PATHOLOGY OR RELATED DISCIPLINES. KNOWLEDGE COMES THROUGH EXPERIENCE AND EXTENSIVE INTERACTION WITH FACULTY. IN ANATOMIC PATHOLOGY SIGN OUT, RESIDENTS PREPARE THEIR OWN DIAGNOSES AND ARE THEN IN A POSITION TO TAKE FULL ADVANTAGE OF SIGN OUT WITH STAFF MEMBERS. IN CLINICAL PATHOLOGY, RESIDENTS GAIN EXPERIENCE DURING DAILY ROUNDS WITH ATTENDING, SOCIETAL TUTORIALS, AND THROUGH POSITIONING OF RESIDENTS AS AN INTERMEDIARY BETWEEN CLINICIAN AND LABORATORY. THERE ARE DAILY TEACHING AND CASE MANAGEMENT CONFERENCES COVERING THE DIFFERENT PATHOLOGY SPECIALTIES. GIVEN THE IMPORTANT ROLE PATHOLOGISTS PLAY IN TEACHING MEDICAL STUDENTS AND COLLEAGUES IN OTHER SPECIALTIES, THE PROGRAM PROVIDES GUIDANCE FOR RESIDENTS AS THEY HONE THEIR TEACHING SKILLS. SUCH "RESIDENT-AS-TEACHER" PROGRAMS ARE COMMON IN OTHER SPECIALTIES BUT NOT AS WELL-DEVELOPED IN PATHOLOGY. THE CURRICULUM INCLUDES SESSIONS DESIGNED TO IMPROVE SKILLS RELATED TO GIVING FEEDBACK AND SMALL GROUP TEACHING. THERE IS A SESSION ON DEVELOPING PRESENTATION SKILLS WITH CLOSE MENTORING OF FIRST YEAR RESIDENTS, BY SPECIFIC FACULTY WHO HAVE ALSO BEEN THROUGH THE CURRICULUM, AS THEY PREPARE FOR THEIR FIRST PRESENTATION. THERE ARE ALSO OPPORTUNITIES FOR RESIDENTS TO TEACH MEDICAL STUDENTS BOTH WITHIN OUR DEPARTMENT AND AT HARVARD MEDICAL SCHOOL, AS WELL AS TO RECEIVE FEEDBACK ON THEIR TEACHING SKILLS. RECOGNIZING THE NEED TO INTEGRATE TECHNOLOGY INTO RESIDENCY TRAINING, ALL FIRST YEAR RESIDENTS ARE PROVIDED WITH IPADS. THESE TABLETS ALLOW RESIDENTS TO MORE EASILY REVIEW THE SLIDES THAT ARE ROUTINELY SCANNED FOR OUR SURGICAL SLIDE CONFERENCE. GENOMIC TECHNOLOGY WILL AFFECT THE PRACTICE OF ALL MEDICAL PRACTITIONERS. AS THE PHYSICIANS WHO MANAGE THE HOSPITAL LABORATORIES, PATHOLOGISTS MUST UNDERSTAND NEXT-GENERATION SEQUENCING TECHNOLOGY AND ITS APPLICATION TO PATIENT CARE. IN 2009, THE PROGRAM CREATED, TO OUR KNOWLEDGE, THE FIRST GENOMIC PATHOLOGY CURRICULUM IN THE COUNTRY. THE CURRICULUM HAS BEEN PUBLISHED AND HAS SERVED AS THE BASIS FOR A COLLABORATIVE EFFORT TO DEVELOP A NATIONAL GENOMICS CURRICULUM (WWW.ASCP.ORG/TRIG). TRAINING IN EVIDENCE-BASED MEDICINE IS CRITICAL. A FIRST-YEAR RESIDENT JOURNAL CLUB ALLOWS AN INTRODUCTION TO CRITICAL REVIEW OF THE MEDICAL LITERATURE. IN LATER YEARS, RESIDENTS LEAD SMALL-GROUP DISCUSSIONS IN MONTHLY JOURNAL CLUBS. THERE IS ALSO AN EVIDENCE-BASED TRANSFUSION MEDICINE CURRICULUM TO HONE THESE SKILLS DURING CP TRAINING. RADIOLOGY EDUCATION AT BIDMC: THE RADIOLOGY RESIDENCY PROVIDES FOUR YEARS OF TRAINING IN DIAGNOSTIC IMAGING. APPOINTMENTS ARE HELD JOINTLY AS A RESIDENT AT THE MEDICAL CENTER AND AS A CLINICAL FELLOW AT HARVARD MEDICAL SCHOOL. WITH A CENTRAL ROLE IN CLINICAL SERVICE, TEACHING, AND RESEARCH, THE RADIOLOGY DEPARTMENT PERFORMS OVER 400,000 RADIOLOGIC EXAMINATIONS EACH YEAR. THE DEPARTMENT PROVIDES RADIOGRAPHY, CT, ULTRASOUND, MRI, NUCLEAR MEDICINE, MAMMOGRAPHY, ANGIOGRAPHY, AND INTERVENTIONAL RADIOLOGY SERVICES TO BOTH THE MEDICAL CENTER AS WELL AS OUR AFFILIATED HEALTH CARE FACILITIES. A RADIOLOGY RESEARCH AND ANIMAL LABORATORY IS HOUSED ADJACENT TO THE RADIOLOGY DEPARTMENT. ALL RESIDENTS, FELLOWS, AND FACULTY HAVE APPOINTMENTS AT HARVARD MEDICAL SCHOOL. ALL RADIOLOGIC STUDIES ARE INTERPRETED UNDER THE SUPERVISION OF STAFF RADIOLOGISTS. THE NUCLEAR MEDICINE PROGRAM IS A PART OF THE JOINT PROGRAM IN NUCLEAR MEDICINE AT HARVARD MEDICAL SCHOOL. THE DEPARTMENT PLACES STRONG EMPHASIS ON THE QUALITY OF TEACHING—BOTH IN DIDACTIC LECTURES AND IN INDIVIDUAL CASE-BASED TEACHING. WITH THE ADVENT OF RECENT CHANGES IN RESIDENCY TRAINING, THE CURRICULUM HAS RECENTLY BEEN REVISED SO THAT RESIDENTS UNDERTAKE A COURSE OF STUDY WHICH WILL PERMIT THEM TO OBTAIN EXPERTISE NOT JUST IN CLINICAL SUBSPECIALTIES BUT ALSO IN OTHER KEY AREAS SUCH AS RESEARCH, EDUCATION, GLOBAL HEALTH, QUALITY IMPROVEMENT, AND HEALTH POLICY. RADIOLOGIC PHYSICS HAS BEEN INTEGRATED INTO DAILY DIDACTIC SESSIONS. IN ADDITION, MANY DIDACTIC SESSIONS UTILIZE AUDIENCE RESPONSE TECHNOLOGY, VIDEO-RECORDING, AND IPAD2 TECHNOLOGY. THERE ARE NINE FORMAL SECTIONS IN THE DEPARTMENT: ABDOMINAL IMAGING, BREAST IMAGING, CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY (CVIR), MRI, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, AND THORACIC IMAGING. MOST NON-AN</p>

Form and Line Reference	Explanation
PATHOLOGY EDUCATION AT BIDMC	<p>GEOGRAPHIC INTERVENTIONAL PROCEDURES ARE PERFORMED BY THE RESPECTIVE SERVICES RESIDENTS ROTATING THROUGH THESE SECTIONS ARE PROVIDED WITH READING SUGGESTIONS AND MATERIAL. ACADEMIC ROTATIONS ARE MADE UP OF THIRTEEN 4-WEEK BLOCKS ANNUALLY. AT THE END OF EACH ROTATION RESIDENTS RECEIVE WRITTEN EVALUATIONS AND HAVE THE OPPORTUNITY TO EVALUATE THE STAFF. FIRST YEAR ROTATIONS EMPHASIZE FUNDAMENTALS AND COMMON RADIOLOGIC EXAMINATIONS IN PREPARATION FOR INPATIENT AND EMERGENCY DEPARTMENT RESPONSIBILITIES. PRIOR TO TAKING CALL, ALL FIRST YEAR RESIDENTS ROTATE THROUGH ABDOMINAL IMAGING, BREAST IMAGING, EMERGENCY RADIOLOGY, FLUOROSCOPY, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE, THORACIC IMAGING, AND ULTRASOUND. DURING THE SECOND YEAR, RESIDENTS CONTINUE TO GAIN EXPERIENCE IN THESE SECTIONS, PERFORMING AND INTERPRETING MORE ADVANCED EXAMINATIONS AND INTERVENTIONS AS THEIR LEVELS OF EXPERTISE INCREASE. ADDITIONAL ROTATIONS IN MORE SPECIALIZED TOPICS OCCUR THROUGHOUT THE SECOND THROUGH FOURTH YEARS, INCLUDING INTERVENTIONAL RADIOLOGY, MRI, HEAD AND NECK IMAGING, AND PEDIATRIC RADIOLOGY. IN ADDITION, ALL RESIDENTS PARTICIPATE IN A TWO-WEEK ROTATION IN QUALITY ASSURANCE WHICH PROVIDES THEM WITH ESSENTIAL SKILLS FOR EVENTUAL BOARD RE-CERTIFICATION. ROTATIONS AT OTHER TRAINING LOCATIONS DURING THE SECOND AND THIRD YEARS OF TRAINING INCLUDE - THREE MONTHS OF TRAINING IN PEDIATRIC RADIOLOGY AT THE BOSTON CHILDREN'S HOSPITAL DURING THE SECOND YEAR - FOUR WEEK PROGRAM IN RADIOLOGIC-PATHOLOGIC CORRELATION AT THE ARMED FORCES INSTITUTE OF PATHOLOGY (AIRP) SPONSORED BY THE AMERICAN COLLEGE OF RADIOLOGY IN SILVER SPRINGS, MARYLAND DURING THE THIRD YEAR - ONE MONTH ROTATION AT THE MASSACHUSETTS EYE AND EAR INFIRMARY IN HEAD-AND-NECK RADIOLOGY DURING THE THIRD YEAR UPON COMPLETION OF THE SECOND YEAR OF RESIDENCY TRAINING, RESIDENTS SELECT AN AREA OF ACADEMIC FOCUS FOR THEIR FOURTH YEAR WHICH WILL GUIDE CHOICES FOR THE 3-MONTH MINI-FELLOWSHIPS AND THE OTHER TWO MONTHS OF ELECTIVE TIME. OUR UNIQUE EDUCATIONAL TRACKS CURRENTLY, SIX TRACKS ARE OFFERED - CLINICAL-EDUCATION- RESEARCH- GLOBAL HEALTH- QUALITY IMPROVEMENT- HEALTH POLICY/HEALTH ECONOMICSEACH OF THESE TRACKS HAS SPECIFIC CURRICULAR OFFERINGS AND EDUCATIONAL GOALS. MOST OF THE TRACKS ARE LINKED TO SPECIFIC EDUCATIONAL ENDEAVORS. FOR EXAMPLE, A RESIDENT SELECTING THE GLOBAL HEALTH TRACK WILL ENROLL IN THE GLOBAL EFFECTIVENESS CURRICULUM OFFERED BY THE HARVARD SCHOOL OF PUBLIC HEALTH AND WILL SPEND TIME ABROAD PROVIDING CLINICAL RADIOLOGY SERVICES AND UNDERTAKING A GLOBAL HEALTH PROJECT. A RESIDENT SELECTING THE EDUCATION TRACK WILL PURSUE ADVANCED TRAINING IN EDUCATIONAL THEORY AND ADULT LEARNING BY PARTICIPATING IN THE HARVARD MACY PROGRAM FOR PHYSICIAN EDUCATORS AND UNDERTAKE AN EDUCATIONAL PROJECT BASED AT BIDMC OR HARVARD MEDICAL SCHOOL. A RESIDENT CHOOSING THE RESEARCH TRACK WILL PARTICIPATE IN GRANT WRITING WORKSHOPS AND DELVE DEEPLY INTO A RESEARCH PROJECT OF THEIR CHOICE. NO MATTER WHICH TRAINING TRACK, THE EXPECTATION IS THAT EVERY RESIDENT WILL HAVE THE OPPORTUNITY TO UNDERTAKE A SUBSTANTIAL PROJECT DURING RESIDENCY THAT WILL CULMINATE IN PRESENTATION AT A NATIONAL MEETING AND/OR PUBLICATION.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SURGERY EDUCATION AT BIDMC	<p>THE ROBERTA AND STEPHEN R WEINER DEPARTMENT OF SURGERY OFFERS EDUCATION OPPORTUNITIES FOR RESIDENTS, FELLOWS AND MEDICAL STUDENTS IN CARDIAC SURGERY, GENERAL SURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, PODIATRY, TRAUMA SURGERY, MINIMALLY INVASIVE SURGERY, AND VASCULAR SURGERY STUDENTS LEARN THE MOST ADVANCED TECHNIQUES IN A STATE-OF-THE-FACILITY STUDENTS ALSO HAVE THE OPPORTUNITY TO LEARN MINIMALLY INVASIVE TECHNIQUES AT THE CARL J SHAPIRO SIMULATION AND SKILLS CENTER, THE FIRST OF ITS KIND TO BE ACCREDITED IN THE COUNTRY AND LOCATED WITHIN THE MEDICAL CENTER THE MEDICAL CENTER'S DEPARTMENT OF SURGERY IS ONE OF THREE MAJOR TEACHING AND RESEARCH UNITS OF HARVARD MEDICAL SCHOOL'S DEPARTMENT OF SURGERY AT ALL LEVELS, THE HOUSESTAFF GAIN TRAINING AND PRACTICAL EXPERIENCE IN THE PREOPERATIVE, OPERATIVE, AND POST-OPERATIVE CARE OF PATIENTS THE PROGRAM EMPHASIZES RESIDENT-FACULTY INTERACTION FOR EDUCATIONAL PURPOSES TEACHING CONFERENCES AND SEMINARS FOR THE HOUSESTAFF CAPITALIZE ON WORKING RELATIONSHIPS DEVELOPED WITH THE ATTENDING STAFF UPON COMPLETION OF FIVE YEARS OF SURGICAL TRAINING, RESIDENTS ARE ELIGIBLE FOR THE AMERICAN BOARD OF SURGERY EXAMINATION DIDACTIC TEACHINGTHE PROGRAM HAS DEDICATED EDUCATION TIME, INCLUDING A STRONG DIDACTIC CONFERENCE SCHEDULE, TO PROVIDE A BASIC FOUNDATION OF SURGICAL KNOWLEDGE AND SKILLS REQUIRED WEEKLY CONFERENCES INCLUDE RESIDENT CURRICULUM CONFERENCE / MIS SKILLS LAB SURGICAL SERVICE MORBIDITY/MORTALITY & SURGICAL GRAND ROUNDS COMBINED GI CONFERENCE THROUGHOUT TRAINING, A PRIMARY RESPONSIBILITY OF SENIOR RESIDENTS IS TEACHING MORE JUNIOR RESIDENTS AND THE STUDENTS ON THEIR SERVICE THEY ARE ALSO RESPONSIBLE FOR THE ASSIGNMENT OF CASES, CLINICAL SUPERVISION OF MEDICAL STUDENTS AND RESIDENTS, AND PREPARING MATERIAL FOR SERVICE AND TEACHING CONFERENCES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H PART VI QUESTIONS 5 AND 6	<p>ADDITIONAL PROMOTION OF COMMUNITY HEALTH AND AFFILIATED HEALTH CARE SYSTEMS AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF THE MEDICAL CENTER'S BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. IN ADDITION, AS NOTED THROUGHOUT THIS FORM 990 AND SCHEDULES' NARRATIVE SUPPORT, FOR THE PERIOD COVERED BY THIS FILING, THE MEDICAL CENTER WAS PART OF THE CAREGROUP NETWORK OF AFFILIATES AND CAREGROUP SERVED AS THE MEDICAL CENTER'S SOLE MEMBER. FOR THIS SAME TIME PERIOD, THE MEDICAL CENTER SERVED AS THE SOLE MEMBER TO BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL MILTON, BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP AND JORDAN HEALTH SYSTEMS, INC. EACH OF THESE ENTITIES MAY, IN TURN, HAVE SERVED AS THE SOLE MEMBER OF ADDITIONAL AFFILIATES. EFFECTIVE MARCH 1, 2019, CAREGROUP AS PART OF A STATUTORY PLAN OF MERGER, CAREGROUP MERGED INTO THE MEDICAL CENTER AND BETH ISRAEL LAHEY HEALTH, INC. (BILH) BECAME THE SOLE MEMBER OF THE MEDICAL CENTER AND OTHER HOSPITALS LISTED IN THIS PARAGRAPH. THE MEDICAL CENTER AND EACH OF THESE AFFILIATES WAS FOR THE PERIOD COVERED BY THIS FILING AND EACH REMAINS TODAY, COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES THEY SERVE.</p>

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 04-2103881
Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215 WWW.BIDMC.ORG VL42	X	X		X		X	X		TERTIARY CARE ACADEMIC MEDICAL CENTER	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BETH ISRAEL DEACONESS MEDICAL CENTER	PART V, SECTION B, LINE 5 FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H, PART V, SECTION B PLEASE SEE SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION
BETH ISRAEL DEACONESS MEDICAL CENTER	PART V, SECTION B, LINE 11 FOR DISCLOSURES RELATED TO FORM 990 SCHEDULE H, PART V, SECTION B PLEASE SEE SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227030759	
Schedule I (Form 990)		Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047
					2017
					Open to Public Inspection
Department of the Treasury Internal Revenue Service				Employer identification number	
Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER				04-2103881	

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 72
- 3 Enter total number of other organizations listed in the line 1 table 67

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	AS PREVIOUSLY DENOTED IN GREATER DETAIL IN THIS FORM 990, SCHEDULE H, HOSPITALS, WHICH DESCRIBES THE MEDICAL CENTER'S COMMITMENT TO ITS COMMUNITY, THE MEDICAL CENTER PARTNERS WITH COMMUNITY LEADERS AND COMMUNITY-BASED ORGANIZATIONS. THESE ORGANIZATIONS SERVE AS LINKS TO THE COMMUNITY AND TEACHERS OF HOW THE MEDICAL CENTER CAN BETTER SERVE THE POPULATIONS IT REPRESENTS. IN ADDITION, THE MEDICAL CENTER COLLABORATES WITH A WIDE VARIETY OF ORGANIZATIONS BECAUSE HEALTHCARE SERVICES BY THEMSELVES ARE NOT ADEQUATE TO MAXIMIZE IMPROVEMENT OF HEALTH STATUS. AS SUCH, THE MEDICAL CENTER'S INVOLVEMENT WITH COMMUNITY IS ON-GOING AND PART OF THAT ON-GOING RELATIONSHIP INCLUDES REPORTING ON HOW GRANT FUNDS ARE EXPENDED. AS A RECIPIENT OF FEDERAL SPONSORED AWARDS, THE MEDICAL CENTER MUST COMPLY WITH THE GUIDELINES SPECIFIC TO THE FEDERAL AWARDING AGENCY FOR THE PARTICULAR PROGRAM. THE MEDICAL CENTER'S ADHERENCE TO THESE PROGRAMS REQUIREMENTS ARE AUDITED ANNUALLY AS REQUIRED BY 2 CFR PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS. THE MEDICAL CENTER IS REQUIRED BY FEDERAL REGULATION TO MONITOR EXPENSES OF FEDERAL FUNDS AWARDED TO THE MEDICAL CENTER THAT ARE SUB-CONTRACTED TO ANOTHER INSTITUTION, ORGANIZATION, OR INDIVIDUAL. FEDERAL SUBCONTRACTED RESEARCH GRANTS AS WELL AS OTHER SUBCONTRACTED RESEARCH GRANTS ARE MONITORED BY THE CLINICAL DEPARTMENT SPONSORING THE ACTIVITY. SIMILAR MONITORING PROGRAMS ARE IN PLACE THAT ASSURE ADHERENCE TO ALL NON-FEDERAL SPONSOR'S GRANT REQUIREMENTS AS WELL THROUGH A GROUP OF DEDICATED RESEARCH ADMINISTRATIVE PROFESSIONAL THAT REPORTS UP THROUGH THE OFFICE OF ACADEMIC AFFAIRS. THIS REPORTING STRUCTURE FURTHER ENHANCES INTERNAL CONTROLS. THE SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH IS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND A SUPPORT ORGANIZATION OF THE MEDICAL CENTER. THE MEDICAL CENTER'S DEPARTMENTS OF FISCAL SERVICES AND MEDICAL EDUCATION MANAGEMENT MONITOR PERIODIC SPENDING REPORTS SENT BY THE SHAPIRO INSTITUTE FOR REVIEW AND APPROVAL.

Additional Data

Software ID:
Software Version:
EIN: 04-2103881
Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY MEDICAL COLLEGE 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-6023119	501(C)(3)	187,530	0			RESEARCH- SUBAWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER BLDG STE 1108 BRONX, NY 10461	47-2209056	501(C)(3)	12,998	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY FOR CLINICAL PATHOLOGY 33 WEST MONROE ST SUITE 1600 CHICAGO, IL 606035617	36-2406080	501(C)(3)	29,814	0			RESEARCH- SUBAWARD
AMERICAN COLLEGE OF CARDIOLOGY FOUND 2400 N STREET NW RM 323B WASHINGTON, DC 200371153	31-1781555	501(C)(3)	22,955	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APTIMA INC 12 GILL ST STE 1400 WOBURN, MA 01801	04-3281859		99,635	0			RESEARCH- SUBAWARD
ATRIUS HEALTH 275 GROVE STREET 300 AUBURNDALE, MA 024662272	01-0803117	501(C)(3)	20,096	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAIM INSTITUTE FOR CLINICAL RESEARCH 930 COMMONWEALTH AVE BOSTON, MA 02215	04-3521077	501(C)(3)	150,007	0			RESEARCH- SUBAWARD
BOARD OF REGENTS UNIVERSITY OF NEBRASKA 3835 HOLREGE STREET LINCOLN, NE 68583	47-0049123	501(C)(3)	41,279	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	830,399	0			RESEARCH- SUBAWARD
BOSTON UNIVERSITY P O BOX 55057 BOSTON, MA 02205	04-2103547	501(C)(3)	485,758	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMENS HOSP PO BOX 3149 ATTN PS 102450 BOSTON, MA 022413149	04-2312909	501(C)(3)	3,662,220	0			RESEARCH- SUBAWARD
BROAD INSTITUTE 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	242,914	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTLER HOSPITAL 345 BLACKSTONE BLVD PROVIDENCE, RI 02906	25-1441961	501(C)(3)	10,485	0			RESEARCH- SUBAWARD
CATALENT PHARMA SOLUTIONS 25109 NETWORK PLACE CHICAGO, IL 606731251	13-3523163		219,722	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 900481804	95-1644600	501(C)(3)	6,000	0			RESEARCH- SUBAWARD
DANA FARBER 44 BINNEY ST - M/S BP410 BOSTON, MA 02115	04-2263040	501(C)(3)	1,899,422	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAM DURHAM, NC 277080491	56-0532129	501(C)(3)	343,346	0			RESEARCH- SUBAWARD
EMORY UNIVERSITY SCHOOL OF MEDICINE ATLANTA, GA 303224250	58-0566256	501(C)(3)	342,019	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 022154302	04-2510564	501(C)(3)	2,971,300	0			RESEARCH- SUBAWARD
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FARIVIEW AVE N SEATTLE, WA 981091024	23-7156071	501(C)(3)	292,589	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER CLINIC GEISINGER HEALTH SYSTEM DANVILLE, PA 178223069	23-6291113	501(C)(3)	36,734	0			RESEARCH- SUBAWARD
GEORGETOWN UNIVERSITY OFFICE OF TECH LIC HARRIS BLDG STE 1500 WASHINGTON, DC 20007	53-0196603	501(C)(3)	219,533	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD HOSPITAL 80 SEYMOUR ST HARTFORD, CT 061028000	06-0646668	501(C)(3)	30,166	0			RESEARCH- SUBAWARD
HEBREW REHABILITATION CENTER ATTWENDY GUTTERSON PRACTICE ADMIN ROSLINDALE, MA 02122	04-2104298	501(C)(3)	132,226	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HSL INSTITUTE FOR AGING RESEARCH 1200 CENTRE STREET ROSLINDALE, MA 02131	04-2104298		52,909	0			RESEARCH- SUBAWARD
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PLACE - BOX 4500 NEW YORK, NY 100296504	13-6171197		8,688	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY PO BOX 66271 INDIANAPOLIS, IN 462666271	35-6018940	501(C)(3)	59,314	0			RESEARCH- SUBAWARD
JUST BIOTHERAPEUTICS INC 401 TERRY AVENUE NORTH SEATTLE, WA 98109			500,000	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY JHU REFERENCE LABORATORY BALTIMORE, MD 212644478	52-0595110	501(C)(3)	883,385	0			RESEARCH- SUBAWARD
JOSLIN DIABETES CENTER TECH TRANS CONSULANT RM 503 BOSTON, MA 02215	01-2203836	501(C)(3)	75,039	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEIDOS BIOMEDICAL RESEARCH INC 8560 PROGRESS DRIVE FREDERICK, MD 21701	33-0653185		117,935	0			RESEARCH- SUBAWARD
MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE BOSTON, MA 022414876	04-1564655	501(C)(3)	2,612,734	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594		344,496	0			RESEARCH- SUBAWARD
MEDICAL CARE OF BOSTON MANAGEMENT CORP DBA BETH ISRAEL DEACONESS HEALTHCA 464 HILLSIDE AVE STE 304 NEEDHAM, MA 02494	04-2810972	501(C)(3)	26,765,730	0			ACCESS TO PRIMARY CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN 9200 WEST WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	27,148	0			RESEARCH- SUBAWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 173 ASHLEY THOMAS MSC 509 CHARLESTON, SC 29425	57-6000722	501(C)(3)	520,072	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN CALIFORNIA INSTITUTE FOR RES & EDUCATION 4150 CLEMENT STREET 151NC SAN FRANCISCO, CA 941211545	94-3084159	501(C)(3)	15,619	0			RESEARCH- SUBAWARD
NYU SCHOOL OF MEDICINE 550 1ST AVENUE NEW YORK, NY 100166402	13-5562309		13,450	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CTR MASR COLUMBUS, OH 43210	31-6025986	501(C)(3)	11,025	0			RESEARCH- SUBAWARD
ORLANDO IMMUNOLOGY CENTER 1707 N MILLS AVE ORLANDO, FL 32803			6,506	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS HEALTHCARE SYSTEMS INC 399 REVOLUTION DR STE 645 SOMERVILLE, MA 021451465	90-0656139		527,437	0			RESEARCH- SUBAWARD
PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 4999 BOSTON, MA 02212	04-2103580	501(C)(3)	2,168,513	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA ACCOUNTS PAYABLE SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	326,047	0			RESEARCH- SUBAWARD
REGENTS OF THE UNIVERSITY OF MICHIGAN UMHS C/O ALI JONES ANN ARBOR, MI 481095346	38-6006309	501(C)(3)	13,266	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT VINCENT HOSPITAL PO BOX 3385 BOSTON, MA 02241	62-1861198	501(C)(3)	12,966	0			RESEARCH- SUBAWARD
SHAPIRO INSTITUTE FOR EDUCATION RESEARCH AT HARVARD MEDICAL SCHOOL 330 BROOKLINE AVE BOSTON, MA 02215	04-3326928	501(C)(3)	140,548	0			SUPPORT EDUCATION ACTIVITIES OF THE INSTITUTE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMMONS UNIVERSITY 300 THE FENWAY BOSTON, MA 021155820	04-2103629	501(C)(3)	140,835	0			RESEARCH- SUBAWARD
STANFORD UNIVERSITY OFFICE OF TECHNOLOGY LICENSING SAN FRANCISCO, CA 941444439	94-1156365	501(C)(3)	37,480	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKES HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 18015	23-1352213		17,775	0			RESEARCH- SUBAWARD
SUN HEALTH RESEARCH INSTITUTE 901 E WILLETТА STREET PHOENIX, AZ 85006	23-7107959		427	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MIRIAM HOSPITAL ONE HOPPIN ST BOX 42 STE 1300 PROVIDENCE, RI 029034141	05-0258905	501(C)(3)	145,139	0			RESEARCH- SUBAWARD
THE UNIVERSITY OF CHICAGO SPONSORED AWARD ACCOUNTING CHICAGO, IL 60637	36-2177139	501(C)(3)	3,005	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY BOSTON UNIVERSITY BOSTON, MA 02205	04-2103547	501(C)(3)	99,444	0			RESEARCH- SUBAWARD
TRUSTEES OF COLUMBIA UNIVERSITY 630 W 168TH BOX 31 NEW YORK, NY 10032	13-5598093		19,250	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE OFFICE OF SPONSORED PROJECTS HANOVER, NH 037551404	02-0222111	501(C)(3)	83,951	0			RESEARCH- SUBAWARD
TRUSTEES OF TUFTS COLLEGE DEPT OF PHARM EXPERIMENTAL BOSTON, MA 02111	04-2103634	501(C)(3)	209,855	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	203,217	0			RESEARCH- SUBAWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM 801 5TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-6005396		21,268	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA DEPT OF MEDICINE ADMIN GAINESVILLE, FL 326103594	59-6002052	501(C)(3)	22,228	0			RESEARCH- SUBAWARD
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES FINANCE ACCOUNTING- CONTRACTS GAINSVILLE, FL 32611	59-6002052	501(C)(3)	80,614	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA A LIFE SCIENCES BUILDING ATHENS, GA 30602	58-6001998		93,600	0			RESEARCH- SUBAWARD
UNIVERSITY OF IOWA DEPT OF OTOLARYNGOLOGY HNS 21154 PFP IOWA CITY, IA 52242	42-6004813	501(C)(3)	11,703	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND 3501 UNIVERSITY BLVD EAST ADELPHI, MD 20783	52-6002033	501(C)(3)	373,233	0			RESEARCH- SUBAWARD
UNIVERSITY OF MASSACHUSETTS CENTER FOR SURVEY RESEARCH BOSTON, MA 021253393	04-3167352	501(C)(3)	134,593	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI DR ECHARD PODACK MIAMI, FL 33136	59-0624458	501(C)(3)	73,748	0			RESEARCH- SUBAWARD
UNIVERSITY OF MISSISSIPPI UMMC 4 EAST JACKSON, MS 39216	64-6001159		186,731	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA 120 MASON FARM RD CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	278,216	0			RESEARCH- SUBAWARD
UNIVERSITY OF PENNSYLVANIA P221 FRANKLIN BLDG PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	407,429	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH UPMC HEALTH SYSTEM PITTSBURGH, MA 152508007	25-0965591	501(C)(3)	565,575	0			RESEARCH- SUBAWARD
UNIVERSITY OF TEXAS HEALTH SCIENCE CTR FINANCIAL ADMINSTRATIVE SUPPORT HOUSTON, TX 772163382	74-1761309	501(C)(3)	24,718	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 50 N MEDICAL DRIVE SALT LAKE CITY, UT 841321601	87-6000525	501(C)(3)	14,848	0			RESEARCH- SUBAWARD
UNIVERSITY OF VERMONT AGRICUL COLLEGE FOUNDATION 411 MA BURLINGTON, VT 054010000	45-1556038		44,944	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON GRANT CONTRACT ACCOUNTING CHICAGO, IL 60693	91-6001537	501(C)(3)	1,035,083	0			RESEARCH- SUBAWARD
UNIVERSITY OF WISCONSIN DEPT OF PATHOLOGY LABORATORY MEDICINE MADISON, WI 537061532	39-6006492	501(C)(3)	30,826	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS CONTRACTS ACCOUNTING RICHMOND, VA 23284	23-2843035		30,118	0			RESEARCH- SUBAWARD
WE CAN DO BETTER DBA ACHIMEDES MOVEMENT PO BOX 13314 PORTLAND, OR 97213			73,333	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITEHEAD INSTITUTE 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412		188,221	0			RESEARCH- SUBAWARD
WISCONSIN COLLABORATIVE FOR HC QUAILITY PO BOX 628578 MIDDLETON, WI 535628578	55-0848113		11,396	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY OFFICE OF CORPORATE RESEARCH NEW HAVEN, CT 06511	06-0646973	501(C)(3)	76,420	0			RESEARCH- SUBAWARD
BLOOD SYSTEMS RESEARCH INSTITUTE PO BOX 53022 PHOENIX, AZ 850723022	86-0098929		7,314	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON MEDICAL CENTER 650 ALBANY ST ROOM 607 BOSTON, MA 02118	04-3314093		3,836	0			RESEARCH- SUBAWARD
BOSTON VA RESEARCH INSTITUTE 5 POST OFFICE SQUARE 16-28 BOSTON, MA 02109	04-3081524		63,536	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA A&M UNIVERSITY CONTRACTS GRANTS ACCOUNTING TALLAHASSEE, FL 323073200	62-3751831		5,481	0			RESEARCH- SUBAWARD
FOUR CORNERS ACTION COALITION 367 WASHINGTON ST DORCHESTER, MA 02125	04-3363133		14,450	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY FORD HEALTH SYSTEM DEPT OF NEUROLOGY W-1103 DETROIT, MI 48202	38-1357020		15,000	0			RESEARCH- SUBAWARD
KAISER FOUNDATION HEALTH PLAN INC ATTN NORTHERN CALIFORNIA CLAIMS ADMIN SAN FRANCISCO, CA 94160	94-1340523		20,117	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ALAMOS NATIONAL LABORATORY PO BOX 1663 MAIL STOP P245 LOS ALAMOS, NM 87545	20-3104541		526,301	0			RESEARCH- SUBAWARD
OCHIN INC 1881 SW NAITO PARKWAY PORTLAND, OR 97201	20-0195556		34,702	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY DEPT OF BIOMEDICAL ENGINEERING PORTLAND, OR 97239	23-7083114		3,580,487	0			RESEARCH- SUBAWARD
PENNSYLVANIA STATE UNIV COLLEGE OF MED 227 W BEAVER AVE STE 401 STATE COLLEGE, PA 168014819	24-6000376		246,082	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALK INSTITUTE OF BIOLOGICAL STUDIES PO BOX 85800 SAN DIEGO, CA 921865800	95-2160097		496,741	0			RESEARCH- SUBAWARD
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037	33-0435954		1,206,383	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD ST BOSTON, MA 021142508	04-2129889	501(C)(3)	49,195	0			RESEARCH- SUBAWARD
SOURCE HEALTHCARE ANALYTICS 2394 EAST CAMELBACK ROAD PHOENIX, AZ 850163429			55,006	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLEVELAND CLINIC FOUNDATION PO BOX 931652 CLEVELAND, OH 441935012	34-0714585		60,989	0			RESEARCH- SUBAWARD
THE COLLEGE OF WOOSTER ATTN ACCOUNTING MANAGER WOOSTER, WI 44691	34-0714654		131,753	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HENRY M JACKSON FOUNDATION FOR ADVANCEMENT OF MILITARY MEDICINE BETHESDA, MD 20817	52-1317896		128,596	0			RESEARCH- SUBAWARD
UNIVERSITY HOSPITALS CLEVELAND MED CTR 3605 WARRENSVILLE CENTER RD CLEVELAND, OH 44122	34-0714775		338,725	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 1150 W MEDICAL CENTER DR ANN ARBOR, MI 481095616	38-6006309		90,050	0			RESEARCH- SUBAWARD
UNIVERSITY OF HOUSTON UNIVERSITY OF HOUSTON HOUSTON, TX 77204	74-6001399		107,647	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CENTR DEPT OF FINANCE ATLANTA, GA 311920303	62-0476822		288,635	0			RESEARCH- SUBAWARD
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINTSONSALEM, NC 271570001	22-3849199		2,524,360	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY 5700 CASS AVE STE 4602 DETROIT, MI 482023692	38-2174757		15,000	0			RESEARCH- SUBAWARD
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 100654805	13-1623978		67,101	0			RESEARCH- SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM BEAUMONT HOSPITAL 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	38-1459362		29,160	0			RESEARCH- SUBAWARD
UNITED STATES DRAGON & LION DANCE FOUNDATION 3361 E WASHINGTON AVE MADISON, WI 43704	82-0886055		5,000	0			SUPPORT TRADITION AND CULTURE OF ONE OF BIDMC'S LEP POPULATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A BETTER CITY 33 BROAD STREET NO 3RD F BOSTON, MA 021094216	56-2605048		10,000	0			SUPPORT FOR CITY SERVICES
AIDS ACTION COMMITTEE 75 AMORY ST ROXBURY, MA 02119	22-2707246		5,000	0			SUPPORT AIDS SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT SCHWEITZER FELLOWSHIP 109 BROOKLINE AVENUE BOSTON, MA 02215	13-1982786	501(C)(3)		102,790	OTHER	SPACE	SUPPORT ASF
BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET NEW YORK, NY 01022	13-3727250	501(C)(3)	10,000				SUPPORT BREAST CANCER RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES RIVER COMMUNITY HEALTH 495 WESTERN AVENUE BRIGHTON, MA 02135	23-7221597	501(C)(3)	477,193				PRIMARY CARE / HEALTHCARE ACCESS
CITY OF BOSTON 1 CITY HALL SQUARE BOSTON, MA 02201			3,263,516	230,104	FMV	EMS SPACE	SUPPORT FOR CITY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMBINED JEWISH PHILANTROPHIES KRAFT FAMILY BUILDING 126 HIGH STREET BOSTON, MA 02110	04-2103559		10,000	0			SUPPORT GREATER BOSTON JEWISH COMMUNITY
COMMUNITY CARE ALLIANCE 330 BROOKLINE AVE BOSTON, MA 02215	04-3756900	501(C)(3)	20,000	0	OTHER	TECHNOLOGY SUPPORT	PRIMARY CARE/ HEALTHCARE ACCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIMOCK COMMUNITY HEALTH CENTER 55 DIMOCK STREET DORCHESTER, MA 02119	04-3487835	501(C)(3)	670,125	0	OTHER	TECHNOLOGY SUPPORT	PRIMARY CARE/ HEALTHCARE ACCESS/ HIV SUPPORT/ SUBSTANCE ABUSE SUPPORT
EDWARD M KENNEDY INSTITUTE 210 MORRISSEY BLVD BOSTON, MA 02125	27-0963869		10,000	0			SUPPORT SPECIALTY MUSEUM AND EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY NURTURING CENTER 200 BOWDOIN ST DORCHESTER, MA 02122	31-1626186		50,000	0			SUPPORT NURTURING PARENTING PROGRAMS
FENWAY SIDNEY BORUM COMMUNITY HEALTH CENTER 55 DIMOCK STREET DORCHESTER, MA 02119	04-2510564	501(C)(3)	628,500	0	OTHER	TECHNOLOGY SUPPORT	PRIMARY CARE/ HEALTHCARE ACCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BOSTON CHAMBER OF COMMERCE 265 FRANKLIN STREET BOSTON, MA 02110	04-1103090		5,000	0			SUPPORT LOCAL BUSINESS COMMUNITY
GREATER BOSTON CONVENTION AND VISITORS BUREAU 2 COPLEY PLACE BOSTON, MA 02116	04-2554943		20,000	0			SUPPORT LOCAL BUSINESS COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BOSTON INTERFAITH ORGANIZATION PO BOX 190892 ROXBURY, MA 02119			5,000	0			SUPPORT COMMUNITIES OF GREATER BOSTON
HARVARD MEDICAL SCHOOL PO BOX 4999 BOSTON, MA 02212	04-2103580	501(C)(3)	50,000	0			SUPPORT FOR DIVERSITY INCLUSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBREW SENIOR LIFE 1200 CENTRE STREET BOSTON, MA 02131	90-0183119		10,000	0			SUPPORT SENIOR CARE
HYDE PARK TASK FORCE PO BOX 1871 JAMAICA PLAIN, MA 021300016	04-3118543		7,000	0			SUPPORT COMMUNITY BUILDING AND CULTURAL ENRICHMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIT CLARK COMMUNITY HEALTH CENTER 66 CANAL STREET BOSTON, MA 02214	46-0516856	501(C)(3)	70,556				SENIOR SERVICES COORDINATION SUPPORT
LOUIS D BROWN INSTITUTE 15 CHRISTOPHER ST DORCHESTER, MA 02122	26-3068254	501(C)(3)	5,000				SUPPORT FOR VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT STREET 10TH FLOOR BOSTON, MA 02108	04-2507409		5,000	0			SUPPORT HEALTHCARE ACCESS AND QUALITY
MASSACHUSETTS HEALTH COUNCIL 200 RESERVOIR ST STE 101 NEEDHAM, MA 024943146	04-2296739		10,000	0			SUPPORT HEALTH AND WELLNESS POLICIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTER CAPE PRIMARY CARE 3073 STATE HIGHWAY RTE 6 WELLFLEET, MA 02653	04-2509828	501(C)(3)	127,000	0			PRIMARY CARE/ HEALTHCARE ACCESS
PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 4999 BOSTON, MA 02212	04-2103580	501(C)(3)	4,680,704	0			MEDICAL EDUCATION AND RESEARCH SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIEDAD LATINA 1530 TREMONT STREET BOSTON, MA 02120	04-2678255		52,500	0			SUPPORT NEXT GENERATION OF LATINO LEADERS
SOUTH COVE COMMUNITY HEALTH CENTER 145 SOUTH STREET BOSTON, MA 02111	04-2501818	501(C)(3)	750,000	0	OTHER	TECHNOLOGY SUPPORT	PRIMARY CARE / HEALTHCARE ACCESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOSTON FOUNDATION 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116	04-2104021		25,000	0			SUPPORT LOCAL COOMUNITIES
THE PARTNERSHIP 155 SEAPORT BLVD 13TH FLOOR BOSTON, MA 02110			25,245	0			SUPPORT WORK PLACE DIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE 100 CAMBRIDGE ST 2100 BOSTON, MA 02114	04-1564655		6,500	0			SUPPORT PATIENT CARE AND QUALITY
UNITED WAY OF MASSACHUSETTS BAY 50 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	5,000	0			SUPPORT FAMILIES IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER BOSTON 316 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103551		15,000	0			SUPPORT IMPROVING HEALTH IN GREATER BOSTON AREA
YOUTH VILLAGES 400 WEST CUMMINGS PARK SUITE 5200 WOBURN, MA 01801	58-1716970		5,000	0			SUPPORT IMPROVING OUTCOMES FOR VULNERABLE CHILDRENS AND FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON PRIVATE INDUSTRY COUNCIL (PIC) 2 OLIVER STREET 3RD FLOOR BOSTON, MA 02109	04-2676661		5,000	0			SUPPORT BOSTON YOUTH AND ADULT COMMUNITIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number

04-2103881

Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>Yes</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>Yes</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>Yes</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a	Yes	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Yes		
a Receive a severance payment or change-of-control payment?	4a	Yes									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Yes									
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THE MEDICAL CENTER'S FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2018 IS CALENDAR YEAR 2017 DETAIL. DURING THE 2017 CALENDAR YEAR, THE MEDICAL CENTER WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM AND THE BETH ISRAEL DEACONESS MEDICAL CENTER 457(B) PLAN. PURSUANT TO THESE PLANS, ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS AND/OR CAN DEFER PART OF THEIR COMPENSATION. UNDER THE DEFINITIONS TO THIS FORM 990, THESE PLANS ARE CONSIDERED SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. AMOUNTS DEFERRED BY PARTICIPANTS OR RECEIVED BY PARTICIPANTS AND RELATED TO THESE PLANS ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW. SCHEDULE J, PART I, LINE 7. THE MEDICAL CENTER'S EXECUTIVE COMPENSATION PACKAGES INCLUDE OPPORTUNITIES TO EARN INCENTIVE COMPENSATION BASED ON A COMBINATION OF MEETING OR EXCEEDING THE MEDICAL CENTER'S OBJECTIVES FOR QUALITY AND PATIENT SAFETY, THE MEDICAL CENTER'S BUDGETED CONSOLIDATED OPERATING MARGIN, AND MEETING INDIVIDUAL GOALS AND OBJECTIVES. THE INCENTIVE COMPENSATION FOR EACH EXECUTIVE IS REVIEWED AND APPROVED BY THE MEDICAL CENTER'S COMPENSATION COMMITTEE, WHICH AS PREVIOUSLY NOTED, IS FULLY STAFFED BY INDEPENDENT MEMBERS.

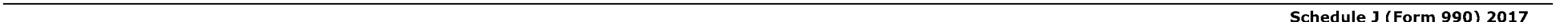
Return Reference	Explanation
<p>SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES</p>	<p>REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J BASE COMPENSATION AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN BASE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS REGULAR WAGES, EMPLOYEE DEFERRALS TO A 401 (K) AND/OR 403(B) PLAN OTHER REPORTABLE COMPENSATION AMOUNTS QUANTIFIED IN OTHER REPORTABLE COMPENSATION WHICH MAY NOT BE SEPARATELY NOTED IN THIS FILING INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS TAXABLE EMPLOYER-SUBSIDIZED PARKING, TAXABLE MOVING EXPENSES, TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE, AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457 (B) PLAN, DISTRIBUTIONS FROM A 457(B) PLAN, AMOUNTS INCLUDIBLE IN INCOME UNDER A 457(F) PLAN, INCREASE/DECREASE IN VALUE OF NONQUALIFIED RETIREMENT BENEFITS, OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS EMPLOYER CONTRIBUTIONS TO 401K RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403B RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN AND/OR THE CHANGE IN ACTUARIAL VALUE OF THE PENSION PLAN BENEFIT, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) PLAN NON-TAXABLE BENEFITS AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THESE NON-TAXABLE BENEFITS EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, ADOPTION ASSISTANCE, TUITION ASSISTANCE PURSUANT TO AN EMPLOYER PLAN, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS COMPENSATION PAID TO OFFICERS, DIRECTORS/TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES BETH ISRAEL DEACONESS MEDICAL CENTER AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER MAY BE REFERRED TO IN THESE EXPLANATORY NOTES TO FORM 990 PART VII AND FORM 990 SCHEDULE J AS BIDMC AND HMFP RESPECTIVELY IN ADDITION, THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL MAY BE REFERRED TO AS PFHC, HMS OR PFHC/HMS ANDERSON, CAROL F DIRECTOR AND CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER MS ANDERSON DEVOTES, ON AVERAGE, 10 HOURS PER WEEK TO THE REPORTING ORGANIZATION BAZZINOTTI, MS LYLE LAWRENCE DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR, CHAIR - BETH ISRAEL DEACONESS HOSPITALPLYMOUTH DIRECTOR, CHAIR - JORDAN HEALTH SYSTEMS, INC DIRECTOR, CHAIR - JORDAN PHYSICIAN ASSOCIATES, INC MS BAZZINOTTI'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN JANUARY 1, 2018 MS BAZZINOTTI DEVOTES, ON AVERAGE, A COMBINED 11 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE BRADY, MICHAEL J DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR AND BOARD CHAIR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR AND BOARD CHAIR - MILTON HOSPITAL FOUNDATION DIRECTOR AND BOARD CHAIR - COMMUNITY PHYSICIANS ASSOCIATES MR BRADY DEVOTES, ON AVERAGE, A COMBINED 11 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE CHAIKOF, M D , PHD, ELLIOT DIRECTOR (EX-OFFICIO) AND CHIEF (SURGERY) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (SURGERY) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION TRUSTEE - CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC JOHNSON & JOHNSON PROFESSOR OF SURGERY - HARVARD MEDICAL SCHOOL DR CHAIKOF DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR CHAIKOF PERFORMS SERVICES FOR BOTH BIDMC AND HMFP AS REQUIRED BY THIS FORM 990, ALTHOUGH DR CHAIKOF IS PAID DIRECTLY BY HMFP, THE PORTION OF DR CHAIKOF'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 522,384 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 8,509 DEFERRED COMPENSATION 39,780 NON-TAXABLE BENEFITS 20,183 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 522,384 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 8,509 DEFERRED COMPENSATION 39,780 NON-TAXABLE BENEFITS 20,183 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2017 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR CHAIKOF'S POSITION AS CHIEF OF SURGERY AT BIDMC, CHAIR OF THE HMFP DEPARTMENT OF SURGERY AND JOHNSON & JOHNSON PROFESSOR OF SURGERY, HARVARD MEDICAL SCHOOL \$232,621 BASE AND OTHER REPORTABLE COMPENSATION, \$28,934 DEFERRED COMPENSATION AND \$4,349 NON-TAXABLE BENEFITS CHENG, JILL DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MS CHENG DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION CRONIN, MICHAEL DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR CRONIN DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION CUTLER, JOEL DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR CUTLER'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN OCTOBER 1, 2017 MR CUTLER DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE ORGANIZATION DESIMONE, THOMAS DIRECTOR (EX-OFFICIO) AND TRUSTEE ADVISORY BOARD CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER MR DESIMONE DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION FULP, CAROL DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MS FULP DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION HINKLEY, CLARK DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR, CHAIR - BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH TRUSTEE, CHAIR - JORDAN PHYSICIAN ASSOCIATES DIRECTOR, CHAIR - JORDAN HEALTH SYSTEM, INC MR HINKLEY'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD ENDED DECEMBER 31, 2017 MR HINKLEY DEVOTED, ON AVERAGE, A COMBINED 11 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE JACK, DANIEL J DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE (EX-OFFICIO) - CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC DIRECTOR (EX-OFFICIO) - CAREGROUP, INC MR JACK DEVOTES, ON AVERAGE, A COMBINED 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES (CONTINUED)	<p>JOHNSTON, WILLIAM DIRECTOR AND TREASURER - BETH ISRAEL DEACONESS MEDICAL CENTER MR JOHNSTON DEVOTES, ON AVERAGE, 2 HOURS PER WEEK TO THE REPORTING ORGANIZATION KIMBALL, M D , MPH, ALEXA B DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT, CHIEF EXECUTIVE OFFICER AND DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION DIRECTOR (EX-OFFICIO) - CONTINUING EDUCATION PROGRAM, INC D/B/A BETH ISRAEL DEACONESS DEPARTMENT OF PSYCHIATRY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNCOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORP , D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP PROFESSOR OF DERMATOLOGY - HARVARD MEDICAL SCHOOL DR KIMBALL DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY HMFP BASE COMPENSATION 724,061 INCENTIVE COMPENSATION 147,700 OTHER REPORTABLE COMPENSATION 10,897 DEFERRED COMPENSATION 37,800 NON-TAXABLE BENEFITS 41,451 LADD, EDWARD DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER MR LADD DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION LAMERE, DAVID DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR LAMERE DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION LEPOFSKY, ROBERT J DIRECTOR AND SECRETARY - BETH ISRAEL DEACONESS MEDICAL CENTER MR LEPOFSKY DEVOTES, ON AVERAGE, 2 HOUR PER WEEK TO THE REPORTING ORGANIZATION LI, M D , CHIANG DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR LI DEVOTES, ON AVERAGE, 15 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND RELATED ENTITIES PAYMENTS REPORTED BY HMFP BASE COMPENSATION 56,000 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 0 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 0 MANDELL, M D , JAMES DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER DR MANDELL DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION MCKENNA, MARGARET DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER MS MCKENNA DEVOTES, ON AVERAGE, 5 HOURS PER WEEK TO THE REPORTING ORGANIZATION REHNERT, GEOFF DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR REHNERT DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION ROTTENBERG, ALAN DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MR ROTTENBERG DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION SILVER, JENNIFER DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER MS SILVER DEVOTES, ON AVERAGE, 1 HOUR PER WEEK TO THE REPORTING ORGANIZATION TABB, M D , KEVIN DIRECTOR (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR - JORDAN HEALTH SYSTEMS, INC DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR AND PRESIDENT - BIDMC PHARMACY TRUSTEE (EX-OFFICIO) AND CO-CHAIR - CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR TABB DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 1,088,019 INCENTIVE COMPENSATION 485,375 OTHER REPORTABLE COMPENSATION 20,894 DEFERRED COMPENSATION 158,280 NON-TAXABLE BENEFITS 45,929 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR TABB INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$156,550 OF THIS AMOUNT, \$138,550 IS BOTH UNFUNDED AND UNVESTED</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES (CONTINUED)	<p> VANOURNY, STEPHEN E DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE, CHAIR - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM MR VANOURNY'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN OCTOBER 1, 2017 MR VANOURNY DEVOTES, ON AVERAGE, A COMBINED 6 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE ZEIDEL, M D MARK L DIRECTOR (EX-OFFICIO) AND CHIEF (MEDICINE) - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (MEDICINE) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP DIRECTOR - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION PRESIDENT AND DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPT OF MEDICINE FOUNDATION TRUSTEE - CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR ZEIDEL DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR ZEIDEL PERFORMS SERVICES FOR BOTH BIDMC AND HMFP AS REQUIRED BY THIS FORM 990, ALTHOUGH DR ZEIDEL IS PAID DIRECTLY BY HMFP, THE PORTION OF DR ZEIDEL'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 382,881 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 9,128 DEFERRED COMPENSATION 23,282 NON-TAXABLE BENEFITS 12,908 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 382,881 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 9,128 DEFERRED COMPENSATION 23,282 NON-TAXABLE BENEFITS 12,908 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2017 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR ZEIDEL'S POSITION AS CHIEF OF MEDICINE AT BIDMC, CHAIR OF THE HMFP DEPARTMENT OF MEDICINE AND HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL \$155,888 BASE AND OTHER REPORTABLE COMPENSATION, \$16,863, DEFERRED COMPENSATION AND \$1,913 NON-TAXABLE BENEFITS FISCHER, STEVEN ASSISTANT TREASURER - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR - JORDAN HEALTH SYSTEMS, INC DIRECTOR AND TREASURER - BIDMC PHARMACY MR FISCHER DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS MADE BY BIDMC BASE COMPENSATION 565,792 INCENTIVE COMPENSATION 99,895 OTHER REPORTABLE COMPENSATION 54,988 DEFERRED COMPENSATION 25,030 NON-TAXABLE BENEFITS 50,935 OTHER REPORTABLE COMPENSATION FOR MR FISCHER INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$50,974 CULLEN, MICHAEL R CHIEF FINANCIAL OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER MR CULLEN DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS MADE BY BIDMC BASE COMPENSATION 288,406 INCENTIVE COMPENSATION 35,590 OTHER REPORTABLE COMPENSATION 2,071 DEFERRED COMPENSATION 0 NON-TAXABLE BENEFITS 25,633 HEALY, PETER PRESIDENT - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION TRUSTEE DESIGNATE - CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC MR HEALY DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS MADE BY BIDMC BASE COMPENSATION 564,547 INCENTIVE COMPENSATION 103,620 OTHER REPORTABLE COMPENSATION 19,441 DEFERRED COMPENSATION 54,580 NON-TAXABLE BENEFITS 40,911 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR HEALY INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$54,175 OF THIS AMOUNT, \$36,175 IS BOTH UNFUNDED AND UNVESTED MAURER, R N , M S N , MARSHA CHIEF NURSING OFFICER, SENIOR VICE PRESIDENT OF PATIENT CARE SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER MS MAURER DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS MADE BY BIDMC BASE COMPENSATION 486,668 INCENTIVE COMPENSATION 91,001 OTHER REPORTABLE COMPENSATION 21,549 DEFERRED COMPENSATION 53,801 NON-TAXABLE BENEFITS 47,837 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS MAURER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$41,500 OF THIS AMOUNT, \$23,500 IS BOTH UNFUNDED AND UNVESTED WEISS, M D , M B A , MSC , ANTHONY P CHIEF MEDICAL OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER DR WEISS' TERM AS BETH ISRAEL DEACONESS MEDICAL CENTER'S CHIEF MEDICAL OFFICER BEGAN ON APRIL 30, 2018 DR WEISS DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION ARMSTRONG, WALTER SENIOR VICE PRESIDENT, CAPITAL FACILITIES AND ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER MR ARMSTRONG DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS MADE BY BIDMC BASE COMPENSATION 339,284 INCENTIVE COMPENSATION 39,129 OTHER REPORTABLE COMPENSATION 27,190 DEFERRED COMPENSATION 25,030 NON-TAXABLE BENEFITS 22,385 OTHER REPORTABLE COMPENSATION FOR MR ARMSTRONG INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$24,595 </p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES (CONTINUED)	<p>BIEBER, JUDITH CHIEF HUMAN RESOURCES OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER MS BIEBER DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS MADE BY BIDMC BASE COMPENSATION 345,949 INCENTIVE COMPENSATION 66,152 OTHER REPORTABLE COMPENSATION 27,096 DEFERRED COMPENSATION 40,971 NON-TAXABLE BENEFITS 43,758 OTHER REPORTABLE COMPENSATION FOR MS BIEBER INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$24,395 HALAMKA, M D , JOHN SYSTEM CHIEF INFORMATION OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER AND AFFILIATES DR HALAMKA DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ITS RELATED ENTITIES PAYMENTS MADE BY BIDMC BASE COMPENSATION 385,372 INCENTIVE COMPENSATION 69,647 OTHER REPORTABLE COMPENSATION 19,785 DEFERRED COMPENSATION 50,481 NON-TAXABLE BENEFITS 44,747 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR HALAMKA INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$43,451 OF THIS AMOUNT, \$25,451 IS BOTH UNFUNDED AND UNVESTED LEWIS, M D , STANLEY SENIOR VICE PRESIDENT AND CHIEF SYSTEM DEVELOPMENT & STRATEGY OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP TRUSTEE - BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL - MILTON DIRECTOR - MILTON HOSPITAL FOUNDATION DIRECTOR - COMMUNITY PHYSICIANS ASSOCIATES DIRECTOR - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH DIRECTOR - JORDAN HEALTH SYSTEMS, INC ASSOCIATE PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR LEWIS DEVOTES, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 555,411 INCENTIVE COMPENSATION 112,992 OTHER REPORTABLE COMPENSATION 55,149 DEFERRED COMPENSATION 30,330 NON-TAXABLE BENEFITS 49,486 OTHER REPORTABLE COMPENSATION FOR DR LEWIS INCLUDES PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$48,770 SAFFITZ, M D , PHD, JEFFREY E INTERIM CHIEF ACADEMIC OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER CHIEF OF PATHOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR OF PATHOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT - BIH PATHOLOGY FOUNDATION MALLINCKRODT PROFESSOR OF PATHOLOGY - HARVARD MEDICAL SCHOOL DR SAFFITZ'S TERM AS BETH ISRAEL DEACONESS MEDICAL CENTER'S INTERIM CHIEF ACADEMIC OFFICER BEGAN NOVEMBER 1, 2017 DR SAFFITZ DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR SAFFITZ PERFORMS SERVICES FOR BOTH HMFP AND BIDMC AS REQUIRED BY THIS FORM 990, ALTHOUGH DR SAFFITZ IS PAID DIRECTLY BY HMFP, THE PORTION OF DR SAFFITZ'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 318,085 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 9,717 DEFERRED COMPENSATION 16,992 NON-TAXABLE BENEFITS 9,910 AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2017 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR SAFFITZ'S POSITIONS AS CHIEF OF PATHOLOGY AT BIDMC, CHAIR OF PATHOLOGY AT HMFP AND MALLINCKRODT PROFESSOR OF PATHOLOGY, HARVARD MEDICAL SCHOOL \$15,836 BASE AND OTHER REPORTABLE COMPENSATION, \$1,584 DEFERRED COMPENSATION AND \$141 NON-TAXABLE BENEFITS SHEEHAN, R N , M S N , JAYNE SENIOR VICE PRESIDENT, SYSTEM INTEGRATION, CARE COORDINATION - BETH ISRAEL DEACONESS MEDICAL CENTER MS SHEEHAN DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS MADE BY BIDMC BASE COMPENSATION 330,395 INCENTIVE COMPENSATION 71,450 OTHER REPORTABLE COMPENSATION 20,297 DEFERRED COMPENSATION 46,748 NON-TAXABLE BENEFITS 36,422 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS SHEEHAN INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$28,512 OF THIS AMOUNT, \$10,512 IS BOTH UNFUNDED AND UNVESTED SKURA, SAMUEL SENIOR VICE PRESIDENT, AMBULATORY AND CLINICAL SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER MR SKURA DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND RELATED ENTITIES PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 354,397 INCENTIVE COMPENSATION 71,183 OTHER REPORTABLE COMPENSATION 567 DEFERRED COMPENSATION 2,190 NON-TAXABLE BENEFITS 41,437 SUKHATME, M D , SC D , VIKAS P CHIEF ACADEMIC OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE (EX-OFFICIO) - CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC VICTOR J ARESTY PROFESSOR OF MEDICINE - HARVARD MEDICAL SCHOOL DR SUKHATME'S TERM AS BETH ISRAEL DEACONESS MEDICAL CENTER'S CHIEF ACADEMIC OFFICER ENDED OCTOBER 31, 2017 DR SUKHATME DEVOTED, ON AVERAGE, A COMBINED 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE BASE COMPENSATION 447,529 INCENTIVE COMPENSATION 62,005 OTHER REPORTABLE COMPENSATION 37,694 DEFERRED COMPENSATION 25,313 NON-TAXABLE BENEFITS 30,954 OTHER REPORTABLE COMPENSATION FOR DR SUKHATME INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$18,000 AS REQUIRED BY THIS FORM 990, COMPENSATION REPORTED BY BIDMC FOR THE 2017 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR SUKHATME'S POSITION AS VICTOR J ARESTY PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL \$78,553 BASE AND OTHER REPORTABLE COMPENSATION, \$7,795 DEFERRED COMPENSATION AND \$141 NON-TAXABLE BENEFITS TANDON, MANU SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER MR TANDON DEVOTES, ON AVERAGE, 60 HOURS PER WEEK TO THE REPORTING ORGANIZATION PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 335,631 INCENTIVE COMPENSATION 63,942 OTHER REPORTABLE COMPENSATION 18,534 DEFERRED COMPENSATION 38,430 NON-TAXABLE BENEFITS 41,606 OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR TANDON INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$39,350 OF THIS AMOUNT, \$21,350 IS BOTH UNFUNDED AND UNVESTED GEBHARDT, M D , MARK C CHIEF OF ORTHOPAEDIC SURGERY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR, DEPARTMENT OF ORTHOPAEDIC SURGERY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND PRESIDENT - BETH ISRAEL DEACONESS ORTHOPAEDIC SURGERY FOUNDATION FREDERIC W & JANE M ILFELD PROFESSOR OF ORTHOPAEDIC SURGERY - HARVARD MEDICAL SCHOOL DR GEBHARDT DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR GEBHARDT PERFORMS SERVICES FOR BOTH BIDMC AND HMFP AS REQUIRED BY THIS FORM 990, ALTHOUGH DR GEBHARDT IS PAID DIRECTLY BY HMFP, THE PORTION OF DR GEBHARDT'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 410,871 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 10,707 DEFERRED COMPENSATION 32,288 NON-TAXABLE BENEFITS 11,788 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 410,871 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 10,707 DEFERRED COMPENSATION 32,288 NON-TAXABLE BENEFITS 11,788 AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED BY BIDMC AND HMFP FOR THE 2017 CALENDAR YEAR INCLUDES THE FOLLOWING PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR GEBHARDT'S POSITION AS CHIEF OF ORTHOPAEDIC SURGERY AT BIDMC, CHAIR OF THE HMFP DEPARTMENT OF ORTHOPAEDIC SURGERY AND FREDERIC W & JAMES M ILFELD PROFESSOR OF ORTHOPAEDIC SURGERY, HARVARD MEDICAL SCHOOL \$97,470 BASE AND OTHER REPORTABLE COMPENSATION, \$10,575 DEFERRED COMPENSATION AND \$23,325 NON-TAXABLE BENEFITS</p>

Return Reference	Explanation
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES (CONTINUED)	<p> KRUSKAL, M D , PHD, JONATHAN B CHIEF OF RADIOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (RADIOLOGY) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - BIH RADIOLOGIC FOUNDATION PROFESSOR OF RADIOLOGY - HARVARD MEDICAL SCHOOL DR KRUSKAL DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR KRUSKAL PERFORMS SERVICES FOR BOTH BIDMC AND HMFP AS REQUIRED BY THIS FORM 990, ALTHOUGH DR KRUSKAL IS PAID DIRECTLY BY HMFP, THE PORTION OF DR KRUSKAL'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 371,175 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 6,597 DEFERRED COMPENSATION 16,200 NON-TAXABLE BENEFITS 17,101 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 371,175 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 6,597 DEFERRED COMPENSATION 16,200 NON-TAXABLE BENEFITS 17,101 STEVENSON, M D , PHD, MARY ANN CHIEF, RADIATION ONCOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO), BOARD CHAIR, SECRETARY AND CHAIR, RADIATION ONCOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION, INC TRUSTEE - CARL J SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC ASSOCIATE PROFESSOR OF RADIATION ONCOLOGY - HARVARD MEDICAL SCHOOL DR STEVENSON DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE AS REQUIRED BY THIS FORM 990, ALTHOUGH DR STEVENSON IS PAID DIRECTLY BY HMFP, THE PORTION OF DR STEVENSON'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990 AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 362,330 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 7,416 DEFERRED COMPENSATION 25,313 NON-TAXABLE BENEFITS 12,924 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 362,330 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 7,416 DEFERRED COMPENSATION 25,313 NON-TAXABLE BENEFITS 12,924 TALMOR, M D , M P H, DANIEL CHIEF OF ANESTHESIA - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR (ANESTHESIA) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - BETH ISRAEL ANAESTHESIA FOUNDATION PROFESSOR OF ANAESTHESIA - HARVARD MEDICAL SCHOOL DR TALMOR DEVOTES, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR TALMOR PERFORMS SERVICES FOR BOTH BIDMC AND HMFP AS REQUIRED BY THIS FORM 990, ALTHOUGH DR TALMOR IS PAID DIRECTLY BY HMFP, THE PORTION OF DR TALMOR'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED ON THIS FORM 990, AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 372,391 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 4,759 DEFERRED COMPENSATION 27,000 NON-TAXABLE BENEFITS 15,860 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 372,391 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 4,759 DEFERRED COMPENSATION 27,000 NON-TAXABLE BENEFITS 15,860 RICCIOTTI, M D , HOPE A CHIEF OF OBSTETRICS AND GYNECOLOGY - BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) AND CHAIR OF OBSTETRICS AND GYNECOLOGY - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER PRESIDENT AND DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION ASSOCIATE PROFESSOR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE BIOLOGY - HARVARD MEDICAL SCHOOL DR RICCIOTTI DEVOTED, ON AVERAGE, A COMBINED 65 HOURS PER WEEK TO THE REPORTING ORGANIZATION AND ALL RELATED ENTITIES FOR THE POSITIONS LISTED HERE DR RICCIOTTI PERFORMED SERVICES FOR BOTH BIDMC AND HMFP AS REQUIRED BY FORM 990, ALTHOUGH DR RICCIOTTI WAS PAID DIRECTLY BY HMFP, THE PORTION OF DR RICCIOTTI'S COMPENSATION ATTRIBUTABLE TO EACH POSITION HAS BEEN SEPARATELY REPORTED AS FURTHER OUTLINED BELOW PAYMENTS REPORTED BY BIDMC BASE COMPENSATION 325,420 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,033 DEFERRED COMPENSATION 25,313 NON-TAXABLE BENEFITS 18,176 PAYMENTS REPORTED BY HMFP BASE COMPENSATION 325,420 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 5,033 DEFERRED COMPENSATION 25,313 NON-TAXABLE BENEFITS 18,176 FORMELLA, R N , M S N , NANCY FORMER CHIEF OPERATING OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER MS FORMELLA'S POSITION AS BETH ISRAEL DEACONESS MEDICAL CENTER'S CHIEF OPERATING OFFICER ENDED DECEMBER 31, 2016 PAYMENTS MADE BY BIDMC BASE COMPENSATION 2,059 INCENTIVE COMPENSATION 0 OTHER REPORTABLE COMPENSATION 716,678 DEFERRED COMPENSATION 21,055 NON-TAXABLE BENEFITS 24,958 OTHER REPORTABLE COMPENSATION FOR MS FORMELLA INCLUDES COMBINED PAYMENTS RELATED TO NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$61,320 AND SALARY CONTINUATION PAYMENTS IN THE AMOUNT OF \$655,185 </p>



Additional Data

Software ID:
Software Version:
EIN: 04-2103881
Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHAIKOF MD PHD ELLIOT L DIRECTOR (EX-OFF) & SURG CHIEF	(i)	522,384	0	8,509	39,780	20,183	590,856	0
	(ii)	522,384	0	8,509	39,780	20,183	590,856	0
ZEIDEL MD MARK L DIRECTOR (EX-OFF) & MED CHIEF	(i)	382,881	0	9,128	23,282	12,908	428,199	0
	(ii)	382,881	0	9,128	23,282	12,908	428,199	0
KIMBALL MD MPH ALEXA B DIR (EX-OFF), PRES & CEO, HMFP	(i)	0	0	0	0	0	0	0
	(ii)	724,061	147,700	10,897	37,800	41,451	961,909	0
TABB MD KEVIN DIR (EX-OFF), CHIEF EXEC OFF	(i)	1,088,019	485,375	20,894	158,280	45,929	1,798,497	0
	(ii)	0	0	0	0	0	0	0
CULLEN MICHAEL R CFO	(i)	288,406	35,590	2,071	0	25,633	351,700	0
	(ii)	0	0	0	0	0	0	0
FISCHER STEVEN ASSISTANT TREASURER	(i)	565,792	99,895	54,988	25,030	50,935	796,640	0
	(ii)	0	0	0	0	0	0	0
HEALY PETER PRESIDENT	(i)	564,547	103,620	19,441	54,580	40,911	783,099	0
	(ii)	0	0	0	0	0	0	0
MAURER RN MSN MARSHA CNO & SVP, PATIENT CARE SVCS	(i)	486,668	91,001	21,549	53,801	47,837	700,856	0
	(ii)	0	0	0	0	0	0	0
ARMSTRONG WALTER SVP - CAPITAL FACILITIES & ENG	(i)	339,284	39,129	27,190	25,030	22,385	453,018	0
	(ii)	0	0	0	0	0	0	0
BIEBER JUDI CHIEF HUMAN RESOURCES OFFICER	(i)	345,949	66,152	27,096	40,971	43,758	523,926	0
	(ii)	0	0	0	0	0	0	0
HALAMKA MD JOHN BID SYSTEM CIO	(i)	385,372	69,647	19,785	50,481	44,747	570,032	0
	(ii)	0	0	0	0	0	0	0
LEWIS MD STANLEY M SVP, CHIEF SYS DEV & STRAT OFF	(i)	555,411	112,992	55,149	30,330	49,486	803,368	0
	(ii)	0	0	0	0	0	0	0
SAFFITZ MD PHD JEFFREY E CHF PATH, INT CHF ACADEMIC OFF	(i)	318,085	0	9,717	16,992	9,910	354,704	0
	(ii)	318,085	0	9,717	16,992	9,910	354,704	0
SHEEHAN RN MSN JAYNE SVP, SYS INTEG, CARE COORD	(i)	330,395	71,450	20,297	46,748	36,422	505,312	0
	(ii)	0	0	0	0	0	0	0
SKURA SAMUEL SVP, AMBULATORY & CLIN SVCS	(i)	354,397	71,183	567	2,190	41,437	469,774	0
	(ii)	0	0	0	0	0	0	0
SUKHATME MD SCD VIKAS P CHIEF ACADEMIC OFFICER	(i)	368,976	62,005	37,694	25,030	27,873	521,578	0
	(ii)	0	0	0	0	0	0	0
TANDON MANU SVP, CIO	(i)	335,631	63,942	18,534	38,430	41,606	498,143	0
	(ii)	0	0	0	0	0	0	0
GEBHARDT MD MARK C CHIEF OF ORTHOPAEDIC SURGERY	(i)	410,871	0	10,707	32,288	11,788	465,654	0
	(ii)	410,871	0	10,707	32,288	11,788	465,654	0
KRUSKAL MD PHD JONATHAN B CHIEF OF RADIOLOGY	(i)	371,175	0	6,597	16,200	17,101	411,073	0
	(ii)	371,175	0	6,597	16,200	17,101	411,073	0
RICCIOTTI MD HOPE A CHIEF, OB/GYN	(i)	325,420	0	5,033	25,313	18,176	373,942	0
	(ii)	325,420	0	5,033	25,313	18,176	373,942	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVENSON MD PHD MARY ANN CHIEF OF RADIATION ONCOLOGY	(i)	362,330	0	7,416	25,313	12,924	407,983	0
	(ii)	362,330	0	7,416	25,313	12,924	407,983	0
TALMOR MD MPH DANIEL CHIEF OF ANESTHESIA	(i)	372,391	0	4,759	27,000	15,860	420,010	0
	(ii)	372,391	0	4,759	27,000	15,860	420,010	0
FORMELLA RN MSN NANCY FORMER COO	(i)	2,059	0	716,678	21,055	24,958	764,750	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
04-2103881

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584YJW0	06-13-2018	479,594,374	SEE PART VI		X		X		X
B MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
C MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
D MASS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	07-11-2012	49,910,000	REFUND ISSUE DATED 02/11/1998		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired			8,805,000		22,970,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	482,429,721		257,618,370		203,702,204		49,910,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	4,594,374		2,515,889		2,348,479		368,094	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	26,884,283		19,006,493					
11	Other spent proceeds			236,095,988		201,353,725		49,541,906	
12	Other unspent proceeds	450,951,064							
13	Year of substantial completion			2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X	X		X			X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X	X		X			X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶					0 500 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0 500 %			
6 Total of lines 4 and 5					1 000 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			X
b Exception to rebate?		X		X		X	X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
<p>SCHEDULE K - EXPLANATORY STATEMENT</p>	<p>FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP, INC , (CAREGROUP) WAS A MASSACHUSETTS NO N-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED AS A SUPPORT ORGANIZATION OF BETH ISRAEL DEACONESS MEDICAL CENTER, BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, BETH ISRAEL DEACONESS HOSPITAL MILTON, BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, MOUNT AUBURN HOSPITAL, NEW ENGLAND BAPTIST HOSPITAL AND THESE ENTITIES' PHYSICIAN GROUPS AND OTHER AFFILIATED ENTITIES CAREGROUP'S PURPOSE WAS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MAKE UP THE CAREGROUP SYSTEM CAREGROUP AND SOME OF ITS AFFILIATES JOINTLY BORROWED DEBT AS AN OBLIGATED GROUP THE FOLLOWING IS A LIST OF THE ENTITIES WHICH PARTICIPATED AS MEMBERS OF THE CAREGROUP OBLIGATED GROUP CAREGROUP, BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS - NEEDHAM (BID-NEEDHAM), MOUNT AUBURN PROFESSIONAL SERVICES (MAPS), MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL MILTON AND BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH THE INFORMATION REPORTED ON SCHEDULE K FOR BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER) REFLECTS THE COMBINED CAREGROUP OBLIGATED GROUP DEBT ISSUED AFTER DECEMBER 31, 2002 WITH AN OUTSTANDING PRINCIPAL BALANCE IN EXCESS OF \$100,000 SCHEDULE K (1 OF 2), PART 1, LINE B, COLUMN F DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES J BONDS - TO CONSTRUCT A NEW INPATIENT BUILDING AT BETH ISRAEL DEACONESS MEDICAL CENTER INCLUDING ACUTE AND INTENSIVE CARE, OPERATING/ PROCEDURE ROOMS, ANCILLARY CLINICAL AND CLINICAL SUPPORT SPACES , - TO CONSTRUCT AN OUTPATIENT AMBULATORY CARE BUILDING AT BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM - FACILITY AND COMPUTER SYSTEM UPGRADES AT BETH ISRAEL DEACONESS HOSPITAL - MILTON, BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM AND BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH SCHEDULE K (1 OF 2), PART 1, LINE B, COLUMN F DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES I BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES B BONDS, A PORTION OF THE CAREGROUP SERIES D BONDS AND ALL OF THE CAREGROUP SERIES E-1 BONDS CREATING AN IRREVOCABLE REFUNDING TRUST DATED MAY 12, 2016 - TO FINANCE AND REFINANCE THE ACQUISITION AND IMPLEMENTATION OF AN INTEGRATED INFORMATION TECHNOLOGY PLATFORM FOR MOUNT AUBURN HOSPITAL - TO FINANCE AND REFINANCE THE ACQUISITION AND INSTALLATION OF CAPITAL EQUIPMENT AND THE CONSTRUCTION OF IMPROVEMENTS AND RENOVATIONS TO MISCELLANEOUS OBLIGATED GROUP FACILITIES SCHEDULE K (1 OF 2), PART 1, LINE C, COLUMN F DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES H BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE MILTON SERIES D BONDS, THE</p>

Return Reference	Explanation
<p>SCHEDULE K - EXPLANATORY STATEMENT</p>	<p>PLYMOUTH SERIES D BONDS, THE PLYMOUTH SERIES E BONDS, AND A PORTION OF THE CAREGROUP SERIES E BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 2, 2015 SCHEDULE K (1 OF 2), PART 1, LINE D, COLUMN F DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES G BONDS - REFUNDING THE REMAINING PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED JULY 1, 2012 SCHEDULE K (2 OF 2), PART 1, LINE A, COLUMN F DESCRIPTION OF TAX-EXEMPT DEBT PURPOSE PURPOSES OF CAREGROUP SERIES F BONDS - REFUNDING OF A PORTION OF THE OUTSTANDING PRINCIPAL BALANCE OF THE CAREGROUP SERIES A BONDS BY CREATING AN IRREVOCABLE REFUNDING TRUST DATED SEPTEMBER 1, 2011 SCHEDULE K (1 OF 2) PART II, COLUMN A, LINE 3 THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$26,884,283 OF INVESTMENT EARNINGS SCHEDULE K (1 OF 2) PART I I, COLUMN B, LINE 3 THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$6,493 OF INVESTMENT EARNINGS SCHEDULE K (1 OF 2) PART II, COLUMNS B, C & D, LINE 11 THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW SCHEDULE K (2 OF 2) PART II, COLUMN A, LINE 11 \$8,993,760 OF THE PROCEEDS LISTED WERE USED FOR TERMINATION OF THE HEDGE AGREEMENT, WITH THE REMAINDER BEING REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW SCHEDULE K (1 OF 2) PART III, COLUMN B, LINE 6 TOTAL FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE BY ENTITIES OTHER THAN A SECTION 501(C)(3) ORGANIZATION OR A STATE OR LOCAL GOVERNMENT AND FINANCED PROPERTY USED IN A PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY CARRIED ON BY THE MEMBERS OF THE CAREGROUP OBLIGATED GROUP OR ANOTHER SECTION 501(C)(3) ORGANIZATION, OR A STATE OR LOCAL GOVERNMENT IS LESS THAN 1% AS SUCH AND IN ACCORDANCE WITH THE INSTRUCTIONS FOR THE FORM 990, SCHEDULE K, THIS AMOUNT HAS BEEN REPORTED AS 0% SCHEDULE K (1 OF 2) PART III, COLUMN D AND SCHEDULE K (2 OF 2) PART III, COLUMN A BOTH THE 2012 AND 2011 ISSUES ARE EXEMPT FROM COMPLETING PART III AS BOTH ISSUES WERE REFUNDINGS OF BONDS ISSUED PRIOR TO DECEMBER 31, 2002 FOR THE PERIOD COVERED BY THIS FILING, FACILITIES FINANCED WITH TAX-EXEMPT BONDS WERE PRIMARILY OCCUPIED BY CAREGROUP AND ITS AFFILIATED TAX-EXEMPT ENTITIES, INCLUDING BUT NOT LIMITED TO THE MEDICAL CENTER, BID-NEEDHAM, BID-PLYMOUTH, BID-MILTON, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, NEBH, NEW ENGLAND BAPTIST MEDICAL ASSOCIATES, MAH, MAPS AND APG SOME FINANCED SPACE MAY CONTAIN LEASE ARRANGEMENTS, AND THE AFFILIATES WHICH OWN THE DEBT FINANCED SPACE MAY OPT TO ENGAGE A MANAGEMENT SERVICES COMPANY (IE CLEANING, PATIENT TRANSPORT, AND FOOD SERVICES) OR ENGAGE IN RESEARCH PURSUANT TO RESEARCH AGREEMENTS WITHIN TAX EXEMPT DEBT FINANCED SPACE ANY SUCH AGREEMENTS IN PLACE AS OF SEPTEMBER 30, 2018 WERE REVIEWED TO E</p>

Return Reference	Explanation
SCHEDULE K - EXPLANATORY STATEMENT	ENSURE PROPER ACCOUNTING OF ANY PRIVATE USE GENERATED FROM SUCH ACTIVITIES IN ADDITION, SUCH AGREEMENTS ARE GENERALLY REVIEWED BY INSIDE COUNSEL PRIOR TO FINALIZING

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	09-15-2011	120,280,000	REFUND ISSUE DATED 02/11/1998		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	75,775,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	120,280,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	290,672							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	119,989,328							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN D	DESCRIPTION OF TRANSACTIONS INVOLVING INTERESTED PERSONS VARIOUS CURRENT AND FORMER OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES OF BIDMC MAY ALSO HOLD POSITIONS WITH OTHER ENTITIES WHICH MAKE CHARITABLE CONTRIBUTIONS TO BIDMC. SUCH CONTRIBUTIONS HAVE NOT BEEN INCLUDED IN THE DISCLOSURES ABOVE. BIDMC MAINTAINS AN ACCOUNTABLE BUSINESS EXPENSE REIMBURSEMENT PLAN. FROM TIME TO TIME, BIDMC MAY REIMBURSE ITS OFFICERS, DIRECTORS/TRUSTEES AND/OR KEY EMPLOYEES FOR EXPENSES THEY INCURRED AND WHICH ARE PROPERLY ORDINARY AND NECESSARY BUSINESS EXPENSES OF THE REPORTING ENTITY. THE POLICIES AND PROCEDURES REQUIRED BY THE ACCOUNTABLE BUSINESS PLAN MUST BE FOLLOWED IN ORDER TO RECEIVE REIMBURSEMENT FOR SUCH EXPENSES AND IT IS POSSIBLE THAT ONE OR MORE INDIVIDUALS RECEIVED NON-TAXABLE REIMBURSEMENTS WHICH TOTALLED \$10,000 OR MORE DURING THE FISCAL PERIOD COVERED BY THIS FILING. ALL OF THE ABOVE TRANSACTIONS WERE AT ARMS-LENGTH AND IN ACCORDANCE WITH THE BIDMC CONFLICT OF INTEREST POLICY.

Additional Data

Software ID:
Software Version:
EIN: 04-2103881
Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DONOR # 392	SUBSTANTIAL CONTRIBUTOR	118,901	SOFTWARE SERVICES		No
(1) DONOR # 35	SUBSTANTIAL CONTRIBUTOR	429,091	POST RETIREE MEDICAL INSURANCE SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) DONOR # 70	SUBSTANTIAL CONTRIBUTOR	7,558,181	CONSTRUCTION SERVICES		No
(1) DONOR # 121	SUBSTANTIAL CONTRIBUTOR	81,462,311	BENEFIT PLAN SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) DONOR # 163	SUBSTANTIAL CONTRIBUTOR	149,292	MEDICAL EQUIPMENT		No
(1) DONOR # 202	SUBSTANTIAL CONTRIBUTOR	91,900	AUDIT SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) DONOR # 271	SUBSTANTIAL CONTRIBUTOR	16,071,451	HEALTH SAFETY NET, FREE CARE		No
(1) DONOR # 333	SUBSTANTIAL CONTRIBUTOR	400,601	PHARMACEUTICALS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) DONOR # 345	SUBSTANTIAL CONTRIBUTOR	3,161,818	CONSULTING SERVICES		No
(1) DONOR # 373	SUBSTANTIAL CONTRIBUTOR	543,622	WASTE DISPOSAL SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) DONOR # 391	SUBSTANTIAL CONTRIBUTOR	120,986	PATIENT CARE, TEACHING AND RESEARCH SERVICES		No

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As Filed Data -

DLN: 93493227030759

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Employer identification number
04-2103881

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	66	2,232,885	STOCK MARKET QUOTE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (<u>EQUIPMENT</u>)	X	2	106,990	
26	Other ► (<u>CLOTHING/ACCESSORIES</u>)	X	3	1,260	
27	Other ► (<u>HOME DECOR</u>)	X	1	300	
28	Other ► (<u> </u>)				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				
b	If "Yes," describe in Part II				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	BIDMC REPORTS THE NUMBER OF EACH SEPARATE GIFT AS AN ITEM FOR PURPOSES OF REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

04-2103881

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	TO PROVIDE EXTRAORDINARY CARE, WHERE THE PATIENT COMES FIRST, SUPPORTED BY WORLD-CLASS EDUCATION AND RESEARCH THE MISSION OF THE BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER) IS TO SERVE OUR PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES THE MEDICAL CENTER'S MISSION IS SUPPORTED BY ITS COMMITMENT TO PERSONALIZED, EXCELLENT CARE FOR ITS PATIENTS, A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION, AND A COMMITMENT TO MAINTAINING OUR FINANCIAL HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PATIENT CARE THE MEDICAL CENTER IS PASSIONATE ABOUT LEADING-EDGE PATIENT CARE THE MEDICAL CENTER'S PATIENTS RECEIVE TREATMENTS THAT ARE TODAY'S GOLD STANDARD OF CARE OR INNOVATIVE THERAPIES THAT WILL BECOME THE GOLD STANDARD OF TOMORROW THE MEDICAL CENTER HAS DEVELOPED FIVE MAJOR COMPREHENSIVE CARE CENTERS THAT ALLOW PHYSICIANS AND CLINICAL STAFF FROM MULTIPLE DISCIPLINES SUCH AS MEDICINE, SURGERY, PATHOLOGY, RADIOLOGY, ONCOLOGY, AND SOCIAL WORK TO WORK TOGETHER SO THAT OUR PATIENTS ARE RECEIVING THE MOST COORDINATED, COMPREHENSIVE CARE POSSIBLE THESE CENTERS INCLUDE A CANCER CENTER, A CARDIOVASCULAR INSTITUTE, A DIGESTIVE DISEASE CENTER, A SPINE CENTER, AND A TRANSPLANT INSTITUTE OTHER NOTABLE AREAS WHERE THE MEDICAL CENTER LEADS THE WAY IN PATIENT CARE SPAN A WIDE ARRAY OF SERVICES INCLUDING AREAS SUCH AS VASCULAR SERVICES FOR PATIENTS WITH DIABETES COMPLICATIONS, AND OBSTETRIC CARE FOR ROUTINE PREGNANCIES AS WELL AS THE MOST COMPLEX PATIENT CIRCUMSTANCES THE MEDICAL CENTER ALSO OFFERS A CENTER FOR MINIMALLY INVASIVE SURGERY, A STATE-OF-THE-ART EMERGENCY ROOM, A LEVEL ONE TRAUMA CENTER, AHEAD OF THE CURVE IMAGING SYSTEMS THE MEDICAL CENTER WAS THE FIRST IN NEW ENGLAND TO OFFER A DYNAMIC NEW NONINVASIVE RADIATION THERAPY SOME OF THE MEDICAL CENTER'S KEY STATISTICS FOR FY 2018 REGARDING PATIENT VOLUME ARE IDENTIFIED IN THE FOLLOWING TABLE INPATIENT DISCHARGES 40,705 OUTPATIENT STATISTICS CLINIC ENCOUNTERS 703,465 EMERGENCY DEPARTMENT VISITS 55,533 RADIOLOGY EXAMS 226,120 AMBULATORY SURGERY CASES 14,628 RADIATION THERAPY TREATMENTS 23,464 ENDOSCOPY TREATMENTS 27,176 CHARITY CARE THE MEDICAL CENTER PROVIDES CARE WITHOUT CHARGE OR AT DISCOUNTED RATES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE SERVICES ARE NOT REPORTED AS REVENUE EXCEPT TO THE EXTENT REIMBURSED BY THE MASSACHUSETTS HEALTH SAFETY NET TRUST (HEALTH SAFETY NET TRUST) THE MEDICAL CENTER ALSO MAKES PAYMENTS TO THE HEALTH SAFETY NET TRUST TO SUPPORT THE DELIVERY OF CHARITY CARE TO PATIENTS THROUGHOUT MASSACHUSETTS THESE PAYMENTS ARE REPORTED AS A COMPONENT OF UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS THE MEDICAL CENTER'S NET COST OF CHARITY CARE REPORTED ON SCHEDULE H, PART I, LINE 7A, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO FREE AND DISCOUNTED CARE ELIGIBLE PATIENTS AND INCLUDING PAYMENTS TO AND RECEIPTS FROM THE HEALTH SAFETY NET TRUST, WAS \$16,174,069 FOR THE PERIOD COVERED BY THIS FILING CHARITY CARE, AT COST 9,493,439 PAYMENTS TO HEALTH SAFETY NET TRUST (HSNT) 7,927,233 PAYMENTS TO HSNT, NET OF SHORTFALL -1,246,603 NET CHARITY CARE 16,174,609 OTHER UNCOMPENSATED CARE THE MEDICAL CENTER ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS THE MASSACHUSETTS</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS, WHICH INSURE LOW INCOME POPULATIONS, DO NOT COVER THE COST OF SERVICES PROVIDED. IN AGGREGATE, THE COST OF CARE PROVIDED BY THE MEDICAL CENTER FOR SUCH SERVICES EXCEEDED REIMBURSEMENT BY \$35,778,658 IN 2018 AS REPORTED ON PART I, LINE 7B OF SCHEDULE H, HOSPITALS. THE MEDICAL CENTER ALSO TREATS PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM, THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS. BECAUSE PAYMENTS TO HOSPITALS HAVE NOT KEPT PACE WITH INFLATION IN RECENT YEARS, PAYMENTS TO THE MEDICAL CENTER FOR THOSE SERVICES ALSO DO NOT COVER THE COSTS OF SERVICES PROVIDED. IN AGGREGATE, THE COST OF CARE PROVIDED BY THE MEDICAL CENTER FOR SUCH SERVICES EXCEEDED REIMBURSEMENT BY \$33,492,068 IN THE FISCAL PERIOD COVERED BY THIS FILING, \$8,027,045 OF WHICH IS INCLUDED IN FORM 990 SCHEDULE H PART I, LINE 7G AND RELATED TO THE PROVISION OF SUBSIDIZED HEALTH SERVICES FOR INPATIENT PSYCHIATRIC PATIENTS, THE MEDICAL CENTER'S BOWDOIN STREET COMMUNITY FACILITY, THE MEDICAL CENTER'S PROVISION OF OUTPATIENT AMBULATORY CARE AND CERTAIN PRIMARY CARE VISITS THROUGH BIDMC'S ONSITE PRIMARY CARE OFFICES AND \$25,465,023 OF WHICH IS REPORTED IN FORM 990 SCHEDULE H PART III LINE 7. BAD DEBTS IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, THE MEDICAL CENTER ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. THE NET PROVISION FOR BAD DEBT EXPENSE IS INCLUDED IN NET PATIENT SERVICE REVENUE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE NET PROVISION FOR BAD DEBT EXPENSE REPORTED IN THE AUDITED FINANCIAL STATEMENTS AND THIS FORM 990 SCHEDULE H, PART III, LINE 2 IS \$20,510,577.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>RESEARCH THE MISSION OF THE MEDICAL CENTER IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF THE LOCAL AND EXTENDED COMMUNITIES. THE RESEARCH PROGRAM STRIVES TO BE RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS THAT IMPROVE THE QUALITY OF LIFE. THE MEDICAL CENTER COMMITS TO MAINTAIN A COLLABORATIVE CULTURE AND MODERN, HIGH-QUALITY FACILITIES AND TO TAKE FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS AS WELL AS REACHING OUT AND COLLABORATING WITH NATIONALLY RECOGNIZED AND WORLD RENOWNED EXPERTS IN VARIOUS FIELDS. THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP FOUR IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING AMONG INDEPENDENT HOSPITALS. THE MEDICAL CENTER'S SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACTS THE LIVES OF PATIENTS AND IMPROVES THE MEDICAL CENTER'S PATIENT CARE. DURING THE FISCAL PERIOD COVERED BY THIS FILING, MORE THAN 1,220 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,500 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 280 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY. THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS AND CARDIOLOGY/CARDIAC SURGERY. THE MEDICAL CENTER'S EXTRAORDINARY FACULTY HAS ESTABLISHED A CULTURE THAT IS COLLABORATIVE AND ORIENTED TOWARD TRANSLATING NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE. ADDITIONAL DETAIL IS INCLUDED IN FORM 990, SCHEDULE H.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>TEACHING THE MEDICAL CENTER'S DEVOTION TO TEACHING, TO RESPECTING STUDENTS, AND TO EMBRACING TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS AND RESIDENTS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES. THE MEDICAL CENTER HAS 55 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 653 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 45 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 65 TRAINEES PER YEAR. STAFF PHYSICIANS AT THE MEDICAL CENTER WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW BY SUPERVISING OF THEIR DAILY PATIENT CARE AND BY CONDUCTING A RANGE OF INTERACTIVE LEARNING EXPERIENCES. THE CARL J. SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL AND BIDMC, A SUPPORT ORGANIZATION OF THE MEDICAL CENTER AND AN INTEGRAL COMPONENT OF THE CENTER FOR EDUCATION AT THE MEDICAL CENTER, IS BOTH A "THINK TANK" FOR ADVANCING MEDICAL EDUCATION AND A UNIQUE TRAINING RESOURCE. WITHIN THE CENTER, THE CARL J. SHAPIRO SIMULATION AND SKILLS CENTER PROVIDES HIGH-TECH LEARNING EXPERIENCES ON TOPICS RANGING FROM MINIMALLY INVASIVE SURGERY TO INTENSIVE CARE AND OFFERS UNIQUE OPPORTUNITIES FOR FACULTY MEMBERS TO SHARE YEARS OF COLLECTIVE EXPERIENCE IN MASTERING THE ART OF SCIENCE AND MEDICINE WITH THEIR STUDENTS. IT ALSO OFFERS AN EXCEPTIONAL OPPORTUNITY AND EXTENSION OF MORE TRADITIONAL METHODS FOR MEDICAL STUDENTS AND RESIDENTS TO PRACTICE AND HONE THEIR MEDICAL AND SURGICAL SKILLS. ADDITIONAL DETAIL IS INCLUDED IN THE NARRATIVE SUPPORT TO THIS FORM 990, SCHEDULE H.</p>

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Return Reference	Explanation
FORM 990, PART IV, LINE 12 AND 12A	THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE MEDICAL CENTER AND AFFILIATES FOR FISCAL YEAR ENDED SEPTEMBER 30, 2018. THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE MEDICAL CENTER AND THE ENTITIES WHICH WERE ITS SUBSIDIARIES DURING THE FISCAL PERIOD COVERED BY THIS FILING, (MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION, D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (BID-NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC (BID-MILTON), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC (BID-PLYMOUTH), JORDAN HEALTH SYSTEMS, INC AND HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES, AS WELL AS ALL ENTITIES FOR WHICH THESE ENTITIES SERVE AS MEMBER)

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Return Reference	Explanation
FORM 990, PART IV, LINE 24A	AS DESCRIBED IN THIS FORM 990, FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP, INC , WAS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED AS A SUPPORT ORGANIZATION OF AND SOLE MEMBER OF THE MEDICAL CENTER DURING THIS SAME PERIOD THE MEDICAL CENTER WAS A MEMBER OF THE CAREGROUP OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WAS ISSUED THROUGH CAREGROUP THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE CAREGROUP OBLIGATED GROUP OUTSTANDING DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002 ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON THE MEDICAL CENTER'S BALANCE SHEET

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Return Reference	Explanation
FORM 990, PART IV, LINE 24B	INVESTMENT OF TAX-EXEMPT BOND PROCEEDS BEYOND THE TEMPORARY PERIOD EXCEPTION PROCEEDS IN THE PROJECT FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, BUT WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS

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Return Reference	Explanation
FORM 990, PART V, LINE 7G	CONTRIBUTIONS OF INTELLECTUAL PROPERTY THE MEDICAL CENTER DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899

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Return Reference	Explanation
FORM 990, PART V, QUESTION 7H	CONTRIBUTIONS OF CARS, BOATS, AIRPLANES AND OTHER VEHICLES THE MEDICAL CENTER DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 1098-C

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Return Reference	Explanation
FORM 990, PART V, LINE 2A	STATEMENT RE PAYROLL FOR THE PERIOD COVERED BY THIS FILING, THE MEDICAL CENTER SERVED AS THE COMMON PAY AGENT FOR THE FOLLOWING ENTITIES CAREGROUP, INC (CAREGROUP), MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL DEACONESS HEALTHCARE A/K/A AFFILIATED PHYSICIANS GROUP (APG), AND BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC (BID-NEEDHAM) BIDMC SERVED AS SOLE MEMBER OF APG AND BID-NEEDHAM AND CAREGROUP SERVED AS THE SOLE MEMBER OF BIDMC DURING THE SAME PERIOD IN ACCORDANCE WITH INSTRUCTIONS TO THE 2017 FORM 990, THE MEDICAL CENTER IS REPORTING ONLY THOSE FORMS W-2 ISSUED TO ITS OWN EMPLOYEES FORMS W-2 ISSUED BY THE MEDICAL CENTER AS AGENT FOR CAREGROUP, APG AND BID-NEEDHAM ARE REPORTED BY THOSE ENTITIES AS IF ISSUED DIRECTLY

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>BUSINESS AND FAMILY RELATIONSHIPS THE FOLLOWING MEDICAL CENTER OFFICERS, DIRECTOR/TRUSTEES, AND KEY EMPLOYEES HAVE BUSINESS OR FAMILY RELATIONSHIPS KEVIN TABB, M D , CAROL ANDERSON AND JAMES MANDELL, M D BUSINESS RELATIONSHIP - DANIEL JICK, WILLIAM JOHNSTON BUSINESS RELATIONSHIP - DANIEL JICK, MICHAEL CRONIN BUSINESS RELATIONSHIP - THOMAS DESIMONE, MARK ZEIDEL BUSINESS RELATIONSHIP - GEOFFREY REHNERT, JOEL CUTLER BUSINESS RELATIONSHIP - GEOFFREY REHNERT, STEPHEN VANOURNY BUSINESS RELATIONSHIP - MICHAEL BRADY, PETER HEALY BUSINESS RELATIONSHIP IN ADDITION TO THE RELATIONSHIPS NOTED ABOVE AND AS NOTED IN VARIOUS NARRATIVE DISCLOSURES WHICH SUPPORT THIS FORM 990 AND RELATED SCHEDULES, FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP SERVED AS THE SOLE MEMBER OF BIDMC CAREGROUP WAS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, WHICH MERGED INTO BIDMC EFFECTIVE MARCH 1, 2019 CAREGROUP'S PURPOSE WAS TO OVERSEE THE FINANCIAL WELL-BEING OF THE AFFILIATED ENTITIES WHICH MADE UP THE CAREGROUP SYSTEM FOR THE PERIOD COVERED BY THIS FILING, THE MEDICAL CENTER SERVED AS THE SOLE MEMBER OF BID-NEEDHAM, APG, BID-MILTON, BID-PLYMOUTH AND JORDAN HEALTH SYSTEMS, INC (JHSI) IN ADDITION, HMFP IS THE DEDICATED PHYSICIAN PRACTICE OF THE MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING THE MEDICAL CENTER ACCOMPLISH ITS CHARITABLE PURPOSES CAREGROUP ALSO SERVED AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST HOSPITAL (NEBH) AND MOUNT AUBURN HOSPITAL (MAH) IN TURN, NEBH SERVES AS THE SOLE MEMBER OF NEW ENGLAND BAPTIST MEDICAL ASSOCIATES (NEBMA) AND MAH SERVES AS THE SOLE MEMBER OF MOUNT AUBURN PROFESSIONAL SERVICES (MAPS) AND CAREGROUP PARMENTER HOME CARE & HOSPICE, INC EACH OF THE ENTITIES LISTED IN THIS PARAGRAPH MAY, IN TURN, SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF AFFILIATED ORGANIZATIONS ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	CHANGES TO GOVERNING DOCUMENTS THE MEDICAL CENTER'S BY-LAWS WERE AMENDED DURING THE FISCAL PERIOD COVERED BY THIS FILING TO INCREASE THE NUMBER OF MEMBERS OF THE MEDICAL EXECUTIVE COMMITTEE TO INCLUDE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, CHIEF NURSING OFFICER, DIRECTOR OF THE OFFICE OF DIVERSITY AND INCLUSION, THE CHIEF MEDICAL OFFICER, AND REMOVE REFERENCE TO THE CHIEF OPERATING OFFICER THESE CHANGES DO NOT CHANGE THE EXEMPT PURPOSES OF BIDMC

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>STATEMENT RE MEMBERS OR STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 7A STATEMENT RE EL ECTION OF MEMBERS OF GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7B STATEMENT RE DEC ISION OF GOVERNING BODY SUBJECT TO APPROVAL FOR THE PERIOD COVERED BY THIS FILING, CAREGRO UP, INC (CAREGROUP) SERVED AS THE SOLE MEMBER OF THE MEDICAL CENTER ACCORDING TO THE MED ICA L CENTER'S BYLAWS IN EFFECT FOR THIS PERIOD, CAREGROUP HAD THE RIGHT TO APPROVE BUT NOT ELECT MEMBERS OF THE GOVERNING BODY ACCORDING TO THE MEDICAL CENTER'S BYLAWS, AS SOLE ME MBER, CAREGROUP ALSO HAD THE FOLLOWING RIGHTS - TO APPROVE ANNUAL OPERATING AND CAPITAL B UDGETS, - TO APPROVE UNBUDGETED CAPITAL EXPENDITURES IN EXCESS OF FIVE PERCENT (5%) OF THE MOST RECENT APPROVED ANNUAL CAPITAL BUDGET, - TO APPROVE ANY UNBUDGETED CAPITAL COMMITMEN T IN EXCESS OF \$20 MILLION, - TO SELECT THE INDEPENDENT AUDITOR TO EXAMINE THE FINANCIAL A CCOUNTS, - TO APPROVE THE BORROWING OR INCURRENCE OF DEBT IN ANY AMOUNT, OTHER THAN (I) FO R THE PURPOSE OF SECURING WORKING CAPITAL FROM A LENDER APPROVED BY THE MEMBER AND PURSUAN T TO THE EXISTING LOAN DOCUMENTATION CONTAINING THE TERMS AND PROVISIONS RELATING TO SUCH BORROWING APPROVED BY THE MEMBER AND, (II) DEBT INCURRED IN THE ORDINARY COURSE OF BUSINES S WHICH IS IN THE MEMBER APPROVED ANNUAL BUDGET, - TO APPROVE ANY VOLUNTARY DISSOLUTION, M ERGER OR CONSOLIDATION OF THE MEDICAL CENTER, THE SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE MEDICAL CENTER'S ASSETS, THE CREATION, ACQUISITION OR DISPOSAL OF ANY SUBSIDIA RY OR AFFILIATED CORPORATION, OR THE ENTERING INTO ANY JOINT VENTURE OR OTHER PARTNERSHIP ARRANGEMENTS BY THE MEDICAL CENTER, - THE POWER AND AUTHORITY TO INITIATE AND TAKE ANY OF THE FOLLOWING ACTIONS ANY VOLUNTARY DISSOLUTION, MERGER OR CONSOLIDATION OF THE MEDICAL C ENTER, THE SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE MEDICAL CENTER'S ASSETS, TH E CREATION, ACQUISITION OR DISPOSAL OF ANY SUBSIDIARY OR AFFILIATED CORPORATION, OR THE EN TERING INTO ANY JOINT VENTURE OR OTHER PARTNERSHIP ARRANGEMENTS BY THE MEDICAL CENTER, - T HE EXCLUSIVE POWER AND AUTHORITY TO INITIATE ANY BANKRUPTCY OR INSOLVENCY ACTION ON BEHALF OF THE MEDICAL CENTER OR ANY OF ITS SUBSIDIARIES INCLUDING ANY DIRECT AFFILIATES, AND, - OTHER POWERS AND RIGHTS AS VESTED BY LAW IN ADDITION, CAREGROUP AS MEMBER HAD ADDITIONAL APPROVAL RIGHTS AS NOTED BELOW FOR THE PERIOD COVERED BY THIS FILING - THE ANNUAL SLATE O F THE BOARD OF DIRECTORS WAS SUBJECT TO APPROVAL BY THE MEMBER IN ADDITION, A VACANCY ON THE BOARD MAY BE FILED BY THE BOARD OF DIRECTORS, SUBJECT TO APPROVAL OF THE MEMBER, - THE CHIEF EXECUTIVE OFFICER (CEO) OF THE CORPORATION, IN COLLABORATION WITH THE CORPORATION'S BOARD OF DIRECTORS, SHALL DEVELOP OVERALL STRATEGIC AND FINANCIAL PLANS FOR THE CORPORATI ON, WHICH WERE TO BE CONSISTENT WITH THE STRATEGIC AND FINANCIAL PLANS AND PROGRAMS OF CAR EGROU P AND SUBJECT TO APPROVAL BY CAREGROUP, - THE BOARD OF MANAGERS OF THE MEMBER WAS AUT HORIZED TO ACT ON BEHALF OF TH</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>E BOARD OF DIRECTORS TO SELL OR OTHERWISE TRANSFER INVESTMENTS AND ASSETS OF THE CORPORATI ON THAT ARE NOT USED OR INVOLVED IN THE OPERATION OF THE CORPORATION, INCLUDING SECURITIES AND REAL PROPERTY BUT EXCLUDING INVESTMENTS, IF ANY, SEPARATELY HELD TO SATISFY OBLIGATIO NS OF THE CORPORATION WITH RESPECT TO ANY PENSION OR BENEFIT PLAN THE BOARD OF MANAGERS O F THE MEMBER WAS AUTHORIZED TO EMPLOY AND COMPENSATE FROM FUNDS OF THE CORPORATION SUCH IN VESTMENT ADVISER OR ADVISERS AS THE CAREGROUP BOARD OF MANAGERS CONSIDERED NECESSARY OR DE SIRABLE, AND IT HAD DISCRETION TO ACCEPT OR REJECT ANY OR ALL ADVICE GIVEN BY ANY SUCH ADV ISER OR ADVISERS, ALL IN ACCORDANCE WITH THE PROVISIONS RELATING TO THE BOARD OF MANAGERS SET FORTH IN THE CAREGROUP BY-LAWS, - CAREGROUP HAD THE RIGHT TO APPROVE THE MEDICAL CENTE R'S BOARD OF DIRECTORS DECISION TO APPOINT OR REMOVE THE CEO ADDITIONALLY, THE MEMBER COU LD REMOVE THE MEDICAL CENTER CEO IN ACCORDANCE WITH THE BY-LAWS OF THE MEMBER AS SUCH BY-L AWS, AT THE TIME OF SUCH REMOVAL, PROVIDED, AND, - THE MEMBER HAD THE RIGHT TO ALTER, AMEN D OR REPEAL THE CORPORATION'S BY-LAWS AT ANY MEETING OF THE MEMBER IN ACCORDANCE WITH THE BY-LAWS OF THE MEMBER THEN IN EFFECT AT THE TIME OF SUCH MEETING, PROVIDED WITHOUT LIMITI NG THE FOREGOING, THE CORPORATION'S BOARD OF DIRECTORS COULD RECOMMEND AMENDMENTS TO THE B Y-LAWS, WHICH AMENDMENTS WERE SUBJECT TO APPROVAL BY THE MEMBER</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE NARRATIVE ABOVE

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE NARRATIVE ABOVE

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, CAREGROUP SERVED AS THE SOLE MEMBER OF THE MEDICAL CENTER FOR THE PERIOD COVERED BY THIS FILING, OCTOBER 1, 2017 TO SEPTEMBER 30, 2018 (FISCAL YEAR ENDED SEPTEMBER 30, 2018) EFFECTIVE MARCH 1, 2019, PURSUANT TO A PLAN OF STATUTORY MERGER, CAREGROUP MERGED INTO THE MEDICAL CENTER AND BETH ISRAEL LAHEY HEALTH, INC (BILH) BECAME THE SOLE MEMBER OF THE MEDICAL CENTER THIS FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE MEDICAL CENTER, THE TAX DIRECTOR OF BILH AND DELOITTE TAX, LLP A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE MEDICAL CENTER BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS FOR THE PERIOD COVERED BY THIS FILING, THE MEDICAL CENTER MAINTAINED A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT APPLIED TO ALL MEMBERS OF ITS WORKFORCE, INCLUDING EMPLOYEES, PROFESSIONAL STAFF, TRAINEES, CONSULTANTS, CONTRACTORS, AGENTS, AND VENDORS, AND TO THE MEMBERS OF THE BOARD OF DIRECTORS. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP) IS AN INTEGRALLY RELATED ENTITY TO THE MEDICAL CENTER AND EMPLOYS THE MAJORITY OF PHYSICIANS PROVIDING PATIENT CARE AT THE MEDICAL CENTER. HMFP ALSO HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY PURSUANT TO THESE POLICIES, ALL MEMBERS OF THE MEDICAL CENTER'S WORKFORCE MUST DISCLOSE CONFLICTS OF INTEREST AT THE TIME OF INSTITUTIONAL TRANSACTIONS AND MUST RECUSE HIMSELF/HERSELF FROM THE DECISION-MAKING REGARDING THE TRANSACTION BETWEEN THE MEDICAL CENTER AND THE OUTSIDE BUSINESS IN WHICH S/HE OR A FAMILY MEMBER HAS A POSITION OR A FINANCIAL INTEREST. LIMITED PARTICIPATION IN THE DISCUSSION AND/OR RECOMMENDATIONS ABOUT A TRANSACTION MAY BE ALLOWED, PROVIDED THAT THE PERSON WITH AUTHORITY OF THE FINAL DECISION-MAKING DETERMINES THAT THE INVOLVEMENT IS APPROPRIATE, AND THE OTHERS INVOLVED IN THE DISCUSSION ARE AWARE OF THE FINANCIAL INTEREST OF THE CONFLICTED PARTY. THE MEDICAL CENTER MONITORS COMPLIANCE WITH THIS POLICY BY REQUIRING ALL MEMBERS OF THE WORKFORCE PARTICIPATING IN THE PROCESS TO COMPLETE A WRITTEN DISCLOSURE FORM AT THE TIME OF DISCUSSIONS AND NEGOTIATIONS WITH A SUPPLIER AND BY REQUIRING THE SUPPLIER TO IDENTIFY IN WRITING THOSE PARTICIPANTS WHO HAVE AN OUTSIDE RELATIONSHIP WITH THE SUPPLIER. A SUPPLIER'S FAILURE TO MAKE A REQUIRED DISCLOSURE MAY RESULT IN DISQUALIFICATION FROM BEING A SUPPLIER AND CAN BE GROUNDS FOR TERMINATION OF THE CONTRACT. SIMILARLY, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE MEDICAL CENTER WHO IS IN A POSITION TO VOTE ON OR INFLUENCE A PARTICULAR TRANSACTION OR DECISION OF THE MEDICAL CENTER MUST NOTIFY THE BOARD OR THE COMMITTEE IF S/HE OR A FAMILY MEMBER MIGHT MATERIALLY BENEFIT AND RECUSE HIMSELF/HERSELF FROM PARTICIPATION AND VOTING ON THE DECISION. IN ADDITION, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES OF BOTH THE MEDICAL CENTER AND HMFP ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT DISCLOSURE WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS MAINTAINED BY OFFICERS, DIRECTORS OR KEY EMPLOYEES AND THEIR IMMEDIATE FAMILY MEMBERS WHICH MAY RESULT IN A CONFLICT OF INTEREST. PURSUANT TO THE MEDICAL CENTER'S CONFLICT OF INTEREST POLICY, MANY INDIVIDUALS IN ADDITION TO THOSE REPORTED ON THE TAX RETURNS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT DISCLOSURE. THESE ADDITIONAL CATEGORIES INCLUDE OFFICERS, SENIOR MANAGEMENT, CHIEFS OF SERVICE, DIVISION CHIEFS, AND OTHER WORKFORCE AND PROFESSIONAL STAFF CATEGORIES AS IDENTIFIED FROM TIME TO TIME BY THE CHIEF EXECUTIVE OFFICER, THE SENIOR VICE PRESIDENT FOR COMPLIANCE, AUDIT, AND RISK OR THE CON</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>FLICTS OF INTEREST COMMITTEE FOR THESE EMPLOYEES, PROVIDING A DISCLOSURE IS A CONDITION OF EMPLOYMENT AND/OR MEDICAL STAFF APPOINTMENT THE OFFICE OF COMPLIANCE AND BUSINESS CONDUCT (OCBC) COLLECTS, REVIEWS, AND DETERMINES APPROPRIATE ACTION FOR THE ANNUAL CONFLICT OF INTEREST DISCLOSURES ON BEHALF OF THE MEDICAL CENTER THE DISCLOSURE MAY BE REFERRED TO MANAGEMENT AND TO THE CONFLICT OF INTEREST COMMITTEE FOR REVIEW THE HMFP COMPLIANCE OVERSIGHT COMMITTEE REVIEWS ANNUAL CONFLICT OF INTEREST DISCLOSURES ON BEHALF OF HMFP BECAUSE OF THE INTEGRAL RELATIONSHIP BETWEEN THE MEDICAL CENTER AND HMFP, MANY INDIVIDUALS ARE COVERED BY BOTH ENTITIES' CONFLICT OF INTEREST POLICIES AND ANNUAL DISCLOSURE REQUIREMENTS IN CASES OF DUAL RESPONSIBILITIES, THE RESPONSES ARE REVIEWED BY BOTH THE MEDICAL CENTER AND HMFP FOR DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT PURSUANT TO EACH INSTITUTION'S CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED, WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A PLAN TO REQUIRE DISCLOSURE AND RECUSAL INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES AS PREVIOUSLY NOTED, FOR THE PERIOD COVERED BY THIS FILING, CAREGROUP SERVED AS THE SOLE MEMBER OF THE MEDICAL CENTER IN ADDITION TO THE CONFLICT OF INTEREST PROCESS OUTLINED ABOVE, THE MEDICAL CENTER OFFICE OF COMPLIANCE AND BUSINESS CONDUCT AND THE CAREGROUP TAX DEPARTMENT JOINTLY ISSUED A TAX QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE MEDICAL CENTER BOARD OF DIRECTORS AS WELL AS CURRENT AND FORMER MEDICAL CENTER OFFICERS AND KEY EMPLOYEES THE TAX QUESTIONNAIRE PROCESS WAS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR THE MEDICAL CENTER TO COMPLETELY AND ACCURATELY PROCESS AND COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>DESCRIPTION OF PROCESS TO DETERMINE COMPENSATION OF THE ORGANIZATION'S CEO AND OTHER OFFICERS AND KEY EMPLOYEES THE MEDICAL CENTER HAS A COMPENSATION COMMITTEE THAT IS COMPOSED OF MEMBERS OF THE BOARD OF DIRECTORS ALL MEMBERS ARE INDEPENDENT FOR THE PERIOD COVERED BY THIS FILING, THE COMPENSATION COMMITTEE ESTABLISHED THE POLICIES AND THE COMPENSATION STRUCTURE OF THE BIDMC CHIEF EXECUTIVE OFFICER, PRESIDENT, CHIEF FINANCIAL OFFICER, CLINICAL CHIEFS OF SERVICE, CHIEF ACADEMIC OFFICER, CHIEF INFORMATION OFFICER, GENERAL COUNSEL, SR VICE PRESIDENTS, VICE PRESIDENTS THE COMPENSATION COMMITTEE WAS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND THAT IT COMPLIED WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIED UPON WRITTEN COMPENSATION SURVEYS AND STUDIES PRODUCED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT REGULARLY ASSESSES EXECUTIVE COMPENSATION AND BENEFITS OF SIMILAR ORGANIZATIONS THE COMPENSATION COMMITTEE MET TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWED THE COMPENSATION SURVEY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM TO ENSURE INDEPENDENCE, THE CHIEF HUMAN RESOURCES OFFICER RECUSED HERSELF FROM DISCUSSIONS AND VOTING RELATED TO HER OWN COMPENSATION PACKAGES AND FROM DISCUSSIONS RELATED TO THE PRESIDENT AND CEO'S COMPENSATION PACKAGE THE COMPENSATION COMMITTEE THEN VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE CEO THE COMPENSATION PACKAGE FOR THE CEO VOTED BY THE COMPENSATION COMMITTEE WAS SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES SUBSEQUENT TO THE VOTE OF THE COMMITTEE, THE OUTSIDE CONSULTING FIRM PROVIDED A "REASONABLENESS LETTER" ATTESTING TO THE INDEPENDENCE OF THE COMMITTEE AND REASONABLENESS OF THE EXECUTIVE COMPENSATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE MEDICAL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION BETH ISRAEL DEACONESS MEDICAL CENTER OFFICES 330 BROOKLINE AVENUE BOSTON, MA 02215

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING PROGRAM SERVICE EXPENSES 5,401,761 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,401,761 PROFESSIONAL SERVICE FEES PROGRAM SERVICE EXPENSES 87,767,151 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 87,767,151 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 89,758,889 MANAGEMENT AND GENERAL EXPENSES 6,974,258 FUNDRAISING EXPENSES 481,355 TOTAL EXPENSES 97,214,502

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED CHG IN EQUITY INTEREST IN LIMITED PARTNERSHIP 8,864,848 CHANGE IN FUNDED STATUS OF EMPLOYEES BENEFIT PLANS 10,403,853 TRANSFER (TO) FROM AFFILIATE -28,765,730 FUNDS MANAGED BY OTHERS -1,032,199

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

04-2103881

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ANESTHESIA FINANCIAL SOLUTIONS INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3571311	INACTIVE CORPORATION	MA	N/A	C					No
(2) JORDON COMMUNITY ACO INC 275 SANDWICH ST PLYMOUTH, MA 02360 45-4047430	COORDINATED, SAFE AND COST EFFECTIVE PATIENT CARE AT BID-PLYMOUTH	MA	N/A	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s)

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:

Software Version:

EIN: 04-2103881

Name: BETH ISRAEL DEACONESS MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
110 FRANCIS STREET BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL DEACONESS MEDICAL CENTER		No
300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CARE CENTER IN LEXINGTON, MA	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
185 PILGRIM ROAD BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
109 BROOKLINE AVE BOSTON, MA 02215 22-2629185	OVERSEE FINCIAL HEALTH OF AFFILIATES	MA	501(C)(3)	12C, III-FI	N/A		No
330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	DEVELOP INNOVATIVE PROG AND MODELS FOR TEACHING AND RESEARCH	MA	501(C)(3)	12A, I	N/A		No
330 BROOKLINE AVE RABB 2 BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER		No
400 HUNNEWELL ST NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER		No
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	CAREGROUP INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	No
125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	CAREGROUP INC	No
125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL INC	No
25 SHATTUCK ST BOSTON, MA 02115 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A	No
375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	N/A	No
199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL DEACONESS MEDICAL CENTER	No
199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	MILTON HOSPITAL FOUNDATION INC	No
199 REEDSDALE RD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	No
275 SANDWICH ST PLYMOUTH, MA 02186 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL DEACONESS MEDICAL CENTER	No
275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	No
275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	JORDAN HEALTH SYSTEMS INC	No
330 BROOKLINE AVE W/CC-2 BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	No
330 MT AUBURN ST CAMBRIDGE, MA 02138 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	No
930 W COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	N/A	No
330 BROOKLINE AVE BOSTON, MA 02215 82-2526816	OPERATE A SPECIALTY PHARMACY	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	No

